



**The Phase 1 Evaluation
of the
Vocational Rehabilitation Services Program**

Final Report

Prepared by
**Policy, Evaluation and Analysis Branch
Ministry of Education**

Providing services for the
**Ministry of Advanced Education,
Training and Technology**

DOC
BC
A1343
D:P598
1998
c.3

December 1998

CC

A1342

2 p. 10

1998

1-2



ACKNOWLEDGEMENTS

The Phase 1 evaluation of the Vocational Rehabilitation Services (VRS) Program was prepared under contract by L. McElroy & Associates for the Policy, Evaluation and Analysis Branch of the Ministry of Education in partnership with the Programs Operations Branch of the Ministry of Advanced Education, Training and Technology.

The Evaluation Steering Committee would like to thank all those who participated in the evaluation study, and especially:

- the former clients of the program who were interviewed;
- community-based service providers, VRS Consultants;
- the management in the Skills Development Division of the Ministry; and
- other individuals who were interviewed.

These people willingly gave their time to this evaluation to provide feedback and suggestions on how the VRS program could be improved. Their dedication was instrumental in making this evaluation successful.



Table of Contents

PART ONE: OVERVIEW

I. Introduction	9
II. Overview of Findings and Conclusions	14
III. Recommendations	33

PART TWO: DETAILED FINDINGS

IV. Findings on Program Design	49
V. Findings on Program Implementation and Delivery	58
VI. Findings on Relevancy to Client Needs	104
VII. Findings on Program Effectiveness	142

PART THREE: APPENDICES

A. Population and Sample Information	
B. Suggestions of Respondents	
C. Detailed Recommendations on the VRS Database	



Executive Summary

Overview of the VRS Program

The Vocational Rehabilitation Services (VRS) program provides support, assistance, and access to training to persons with disabilities so that they can set realistic vocational goals and secure gainful employment. The goal of VRS is to assist British Columbians with permanent disabilities to become economically independent by helping them develop job skills and find employment. To address this goal, the program provides a range of services, from assessment and planning, to job placement services. The program also provides access to institutional and on-the-job training, adaptive technology, workplace modifications, and vocational crisis support, as needed.

Purpose of the Evaluation

The VRS program is being evaluated in two phases. This report presents the results of the first phase of the evaluation of the VRS program. The intent of the Phase I evaluation is to develop program or policy changes to improve service delivery and to increase program evaluability for Phase II and for all future review activity.

Data collected for the evaluation included program statistics on services delivered, costs, intake and rejection rates, and closing status; employment outcomes such as type of employment obtained, and length of time to find employment; and views of former clients, service providers, advocates and other stakeholders.

Overview of Findings and Conclusions

The evaluation findings have revealed three significant strengths of the VRS program:

- ⇒ The design of the program is appropriate given the intended objectives.
- ⇒ The clients who receive services from VRS generally find the services useful, and are, overall, satisfied with the program.
- ⇒ Clients who complete their vocational rehabilitation plan are more likely than those who don't to be successful in finding employment.

VRS is effectively addressing its two goals of assisting people with permanent disabilities to develop job skills and find employment, although effectiveness depends on which services clients received. Because program services have been more focused on assessment and training, and less on job placement services, the program has been more effective in assisting clients to develop job skills than in finding employment. The most effective combination of services appears to be assessment and planning, in combination with completing the vocational

rehabilitation plan. These clients were more likely to be employed than any other group. Receiving training and job search support in addition to assessment and planning improved the likelihood that the job clients found was related to their employment goal. Caution must be exercised in interpreting these findings, however, because the comparisons are across different clients who may have had different needs, and different abilities. Without a comparison group of people with similar disabilities and similar needs, who did not receive services from VRS, it is not possible to prove that VRS services caused the employment results that were found.

Factors that Limit VRS Effectiveness

The effectiveness of the VRS program depends on its ability to meet the needs of its clients related to increasing job skills and finding employment. The relationship between success in finding employment and the type of services received shows that many clients are not receiving services that they need to be successful. Many clients are not receiving services that they, themselves, feel are essential, even though these services are provided by the VRS program. Although many VRS clients are successful with the right combination of services, overall, only half the clients interviewed found employment. There are many possible reasons why the other half did not find employment. One possibility is that these clients did not get the right combination of services.

The effectiveness of the VRS program is limited by conditions and practices that limit clients' access to services to meet their needs. Clients did not always receive the services they needed. Many were unaware of the service, and were not able to request it. In other cases, the service was not available in the area, or not available for people with that particular disability. In other instances, the client was denied access by the VRS Consultant because the VRS Consultant did not understand the clients' needs or determined that the client should not be provided with the service.

Access to the program is not equitable across the province. Availability of services varies across the province, which can also have an impact on effectiveness, since it is not always possible to meet clients' needs. VRS Consultants have different interpretations of the mandate of the program. These differences in understanding of the program's mandate contribute to the inconsistencies in how the program is delivered across the province, specifically in how decisions on client eligibility are made, as well as decisions on how to address clients' needs.

The Effectiveness of the Community-based Delivery Model

The viability of the community-based delivery model to increase access and improve service delivery across the province is unknown. It may be able to improve access to some types of services in some areas, but it is not likely a viable means of improving access to all services in all areas of the province. Even if access is improved, the model does have some negative consequences, including:

- increasing the time VRS Consultants spend in contract monitoring;
- increasing case loads of VRS Consultants with clients who access VRS through community-based service providers, but who need additional services that the contracted service provider cannot deliver;

- the potential for duplication of services, with the same client receiving the same services from more than one agency on contract to VRS;
- the potential for competition for service providers with other funders.

Standards do not exist to ensure that contracted services providers have a correct understanding of the mandate of VRS to ensure that services are provided that appropriately address the program's mandate. There are also no standards for monitoring contracts to ensure the program objectives are being addressed and achieved through these contracts.

Program Accountability

There are two aspects to program accountability. There needs to be an accountability structure, with someone who has authority for program delivery and is ultimately accountable for the program's results. The other aspect is information. There needs to be a system to collect and report accountability information in a useful format.

The management and delivery structure of the VRS program works against program accountability, since there is no central authority for delivery of the program. As a result, there is no one with authority to ensure consistency in eligibility decisions, to ensure consistent delivery across the province, or to enforce policy or program standards. The structure was designed for the large BC Benefits program and is ineffective and inefficient for the much smaller VRS program. The management structure also contributes to the problems of inconsistency in delivery, because the structure cannot ensure that delivery is consistent across the province. Field management are not in a position to provide appropriate direction for the VRS program, or to ensure consistency of delivery.

The community-based delivery model adds another layer of complexity, further reducing the accountability of the program, since different contracted service providers are accountable to different VRS Consultants, who each have different interpretations of the program. In addition, standards for monitoring community-based contracts are not in place.

Mechanisms for ensuring accountability of the VRS program are inadequate. In addition, there is no process for systematically collecting outcome information and the system for maintaining and reporting program information has no ability to handle outcome information.

Overall Conclusions

The VRS program is effectively addressing its objectives of assisting people with permanent disabilities in developing job skills and in finding employment. From the point of view of employment success, the most useful and effective services provided through VRS were the combination of assessment, planning, institutional training and job search support. Clients who received assessment and planning services, and completed their vocational rehabilitation plan, were more likely to be successful in finding employment than were other clients. For clients who found employment, the job was more likely to be related to their employment goal for those who received training and job search support, than it was for other clients.

There are challenges to delivering the program that limit the program's effectiveness. These challenges pertain to access to the program and to needed services, and to consistency of

delivery. The management structure of the program does not facilitate consistency of delivery across the program, or ensure that delivery is consistent with the program's mandate.

The effectiveness of the VRS program can be improved by building upon the program's strengths and addressing the delivery challenges.

Recommendations

Recommendations in thirteen areas are offered in the report, aimed at reducing or eliminating the challenges the program faces while building upon the strengths of the VRS program. The thirteen recommendations are, in overview:

1. Clarify the mandate of the VRS program
2. Clarify the short and long-term objectives of the program
3. Enhance program management
4. Develop standards for service delivery
5. Monitor community-based delivery
6. Institute a case management approach
7. Make more effective use of the financial resources of VRS
8. Review student loan policies
9. Enhance Inter-Ministerial cooperation
10. Improve professional development
11. Enhance services related to Self employment
12. Increase awareness of the VRS program and services
13. Enhance the future evaluability of VRS

**Phase I Evaluation of the
Vocational Rehabilitation Services
Program
—Report—
Part One: Overview**

October, 1998

Table of Contents for Part 1

I. Introduction	9
A. Overview of the VRS Program.....	9
B. Purpose of the Evaluation	10
C. Evaluation Methodology	11
D. Organization of the Report	13
II. Overview of Findings and Conclusions.....	14
A. Appropriateness of VRS Program Design.....	14
Conclusions on Appropriateness of Design.....	16
B. Overall Effectiveness of the VRS Program.....	16
Respondents' Views on Overall Effectiveness of VRS	17
Preparation for Employment.....	17
Employment Success	18
Clients' Accomplishments.....	18
Conclusions on Overall Effectiveness of the VRS Program.....	19
C. Effectiveness of VRS Services	19
Effectiveness of assessment services in identifying client abilities and realistic employment opportunities	20
Effectiveness of planning services in developing realistic employment/career plans	20
Effectiveness of adaptive technology in reducing barriers to training and employment that are due to the clients' disabilities.....	21
Effectiveness of financial aid in reducing financial barriers to carrying out career plans.....	22
Effectiveness of facilitating access to training to ensure that clients find training that gives them the knowledge and skills for employment appropriate to their career plan.....	23
Effectiveness of the job placement services in helping clients develop job search skills	24
Effectiveness of the employment support services in reducing barriers to employment that are due to the clients disabilities	24
Conclusions on the Effectiveness of VRS Services	25

Table of Contents for Part 1 (continued)

D. Factors that Limit VRS Effectiveness	25
Regional Differences	26
Access to the Program	26
Access to the Specific Services.....	27
Completion and Access to Service.....	27
Conclusions on Factors that Limit VRS Effectiveness.....	28
E. The Effectiveness of the Community-based Delivery Model.....	28
Conclusions on the Effectiveness of the Community-based Delivery Model	30
F. Program Accountability	30
Conclusions on Program Accountability	31
G. Overall Conclusions.....	32
III. Recommendations.....	33
1. Clarify the mandate of the VRS program	33
2. Clarify the short and long-term objectives of the program.....	34
3. Enhance program management.....	34
4. Develop standards for service delivery	35
5. Monitor community-based delivery.....	35
6. Institute a case management approach	36
7. Make more effective use of the financial resources of VRS	37
8. Review student loan policies.....	38
9. Enhance Inter-Ministerial cooperation.....	39
10. Improve professional development	40
11. Enhance services related to self-employment.....	40
12. Increase awareness of the VRS program and services	41
13. Enhance the future evaluability of VRS.....	41

I. Introduction

A. Overview of the VRS Program

The Vocational Rehabilitation Services (VRS) program provides support, assistance, and access to training to persons with disabilities so that they can set realistic vocational goals and secure gainful employment. The goal of VRS is to assist British Columbians with permanent disabilities to become economically independent by helping them develop job skills and find employment. Specifically, VRS assists people with disabilities to:

- understand the implications of their disability in relation to training and employment;
- identify their abilities and strengths in regard to training and employment;
- determine an employment objective suitable to their abilities and the limitations of their abilities;
- help them access appropriate resources that will give them the skills and support they need to become employed;
- find employment and stay employed.

The VRS program is a program of the Skills Development Division of the Ministry of Advanced Education Training and Technology, and provides services such as:

- eligibility, medical, vocational, work adjustment and educational assessments;
- assistance in the development of vocational rehabilitation plans;
- access to technical solutions to alleviate or offset disability and facilitate workplace access;
- financial aid to cover costs such as tuition, supplies, transportation and relocation;
- access to on-the-job training; and
- job placement services.

Services are delivered through VRS consultants who work in the field, in 14 offices across 5 regions of the province, and through VRS-funded community-based service providers. VRS consultants monitor community-based providers. A community-based provider may be highly specialized, providing only one type of service, or only serving one disability group, or they can provide a range of services to a range of clients, except for financial aid, which can only be provided through a VRS consultant.

To be eligible for services through VRS, the individual must:

- ⇒ Have a permanent or chronic physical or mental disability that can be verified by a qualified physician or another qualified professional having expertise for the disability in question;
- ⇒ As a result of the disability, be unable to establish a long-term attachment to the labour force, and through assessment processes is determined to have a realistic potential to benefit from VRS;

- ⇒ Be at least 16 years of age, and not older than 65 years;
- ⇒ Be a Canadian citizen or landed immigrant and a resident of BC;
- ⇒ Complete an application and other forms and undergo examinations by qualified professionals and provide information to substantiate requests for goods and services;
- ⇒ And not meet any of the conditions for ineligibility, including having a claim for rehabilitation services with another government agency or private insurance carrier.

B. Purpose of the Evaluation

The VRS program is to be evaluated in two phases. This report presents the results of the first phase of the evaluation of the VRS program. The intent of the Phase I evaluation is to develop program or policy changes and increase program evaluability for Phase II and for all future review activity.

The purpose of the Phase II Evaluation will be to assess the early effects of the program and policy changes made to the program as a result of the Phase I evaluation findings. The Phase II evaluation will be carried out after changes have been in effect long enough for their effects to be evaluated.

The objectives of the evaluation of the VRS program are to:

- ⇒ Determine whether the program is capable of achieving its intended short-term and long-term outcomes, given its current design and delivery methods.
- ⇒ Identify any discrepancies between the intended outcomes and the observed outcomes.
- ⇒ Identify and examine the factors and circumstances that are influencing the observed outcomes.
- ⇒ Identify program areas that need improvement.
- ⇒ Determine what program information must be systematically collected in order to monitor, track and improve program performance.
- ⇒ Determine how various policy and design changes made to the program affect its performance.

Specific information was collected in the Phase I Evaluation on the following issues:

- ⇒ How Direct Services are managed across various regions in the Province;
- ⇒ Why waitlists exist in some areas and not in others;
- ⇒ Why some caseloads focus on certain disability groups and not in others;

- ⇒ The relationship of Direct Services to Community-based Service providers and the to the community as a whole;
- ⇒ Whether Community-based services are a viable, effective option for increasing overall access to services;
- ⇒ The extent to which Community-based Services provide services to people who are under-served by Direct Services;
- ⇒ The extent to which the Community-based Service approach can meet program objectives.

A comprehensive set of evaluation issues, encompassing both formative and outcome issues, were developed as part of the planning phase for the evaluation of the VRS program. The issues, and how they were to be evaluated, are provided in the appendix of the Research Plan. The issues addressed in the Phase I Evaluation are also reproduced in this report, in the sections where the relevant findings are presented. The issues addressed in this evaluation fall into the following categories:

- Program design
- Relevancy to client needs
- Program delivery
- Program effectiveness

C. Evaluation Methodology

The evaluation approach entailed the following data collection components:

- ⇒ Program profile and assessment of logic of program design: Information about the program's design and delivery was collected from program staff and documentation to produce a profile of the program. Using this information, a logic chart of the program was developed and the logic of the program's design assessed. The basic question being addressed in the assessment is whether the program is capable, given its design, of achieving its objectives.
- ⇒ Interviews with headquarters staff: The four headquarters staff that are directly involved with the VRS program were interviewed.
- ⇒ Interviews with Ministry management with some involvement with the Program: The four senior managers in the Skills Development Division of the Ministry were interviewed.
- ⇒ Interviews with selected field managers: This component consisted of selected managers in the field, including the five regional managers, and some area managers and skills coordinators. A total of ten field managers were interviewed.
- ⇒ Interviews with selected Ministry staff responsible for program administration: Six people involved with the program administration, including one headquarters staff and five program administrators, were interviewed.

- ⇒ Interviews with VRS consultants: One VRS consultant in each of the fourteen area offices was interviewed. For offices with more than one VRS consultant, either a group interview was conducted, or one person who acted as the spokesperson for the office was interviewed.
- ⇒ Interviews with community-based service providers: This component consisted of all community-based service providers who had a contract in the 1998/99 fiscal period, and also had a contract in the previous year. In the case of agencies with more than one service provider, the agency was asked to designate one person to answer questions on behalf of the agency. A total of 36 service providers or agencies were interviewed.
- ⇒ Interviews with VRS partners: VRS partners were defined as other Branches in the Ministry, or other government Ministries or agencies, that have some involvement with disability issues. Representatives of six partners groups were interviewed. A seventh declined because no one in the agency had sufficient information to address the issues.
- ⇒ Interviews with representatives from advocacy groups: Representatives from key advocacy groups for people with disabilities were identified by the evaluation steering committee. Five were interviewed and three declined.
- ⇒ Interviews with a sample of employers: For purposes of this evaluation, the population of employers was limited to two groups of employers: those employers who had participated, in the previous fiscal year, in either the Public Services Training (PST) or Displaced Persons Training (DPT) programs to provide work experience for a person with a disability. There were 51 employers in total, 35 in the PST program and 16 in the DPT program. Ten employers were selected from each group, so that the sample had the same distribution across regions as was found in the population. (Appendix A contains information on the population and sample distribution.)
- ⇒ Telephone survey of a sample of clients: For this evaluation the client population was restricted to VRS clients who were no longer receiving services from VRS, and whose file had been closed in the last half of 1997. This population consisted of 951 former clients. A sample of 300 clients were selected, using stratified random sampling so that 60 clients were selected from each region, and 50 clients were selected from each of the following five disability categories: sensory, cognitive, psychiatric, nervous system, physical, and chronic illness. The sampling was done so that ten former clients were randomly selected from each disability category within each region. Of the 300 clients in the sample, a total of 150 were contacted for this evaluation (137 did complete interviews and 13 did partial interviews). (Appendix A contains information on the population and sample distribution.)
- ⇒ Assessment of program files, data bases and performance monitoring needs and capabilities: The accuracy, completeness and relevancy of the information in the files and data bases was assessed and the adequacy of the information collected for performance monitoring was assessed. Program statistics were also reviewed and analyzed.

Each component is described in further detail in the research plan, which contains lists of the interviewees, the data collection instruments and the sampling frames for selecting the employer and client samples.

D. Organization of the Report

The evaluation report consists of three parts. Part 1 contains three chapters: this introduction, an overview and integration of the major findings and conclusions, and the recommendations.

The detailed findings are presented in Part 2, spanning the following four chapters:

- ⇒ Findings on program design:
 - Program design
 - Potential partnerships
 - Appeal process
- ⇒ Findings on program implementation and delivery:
 - Implementation
 - Consistency and flexibility
 - Management and delivery structure
 - Information management systems
- ⇒ Findings on relevancy to client needs:
 - Client needs
 - Access to services
 - Meeting client needs
 - Client completion and transition
- ⇒ Findings on program effectiveness:
 - Employment outcomes
 - Preparation for employment
 - Unintended outcomes
 - Achievement of program objectives

Each findings section begins with a statement of the issue being addressed, followed by the findings that address the issue. Conclusions based on the findings are presented at the end of each findings section.

Part 3 contains the appendices.

II. Overview of Findings and Conclusions

The evaluation findings have revealed three significant strengths of the VRS program:

- ⇒ The design of the program is appropriate given the intended objectives.
- ⇒ The clients who receive services from VRS generally find the services useful, and are, overall, satisfied with the program.
- ⇒ Clients who complete their vocational rehabilitation plan are more likely than those who don't to be successful in finding employment.

The evaluation has also uncovered some significant challenges for the program that limit its effectiveness. These challenges pertain to access to the program and to needed services, and to consistency of delivery.

This chapter provides an overview of the evaluation findings and conclusions, by integrating the various findings under the following themes:

- Appropriateness of VRS program design
- Overall effectiveness of the VRS program
- Effectiveness of VRS services
- Factors that limit VRS effectiveness
- Effectiveness of the community-based delivery model
- Program accountability

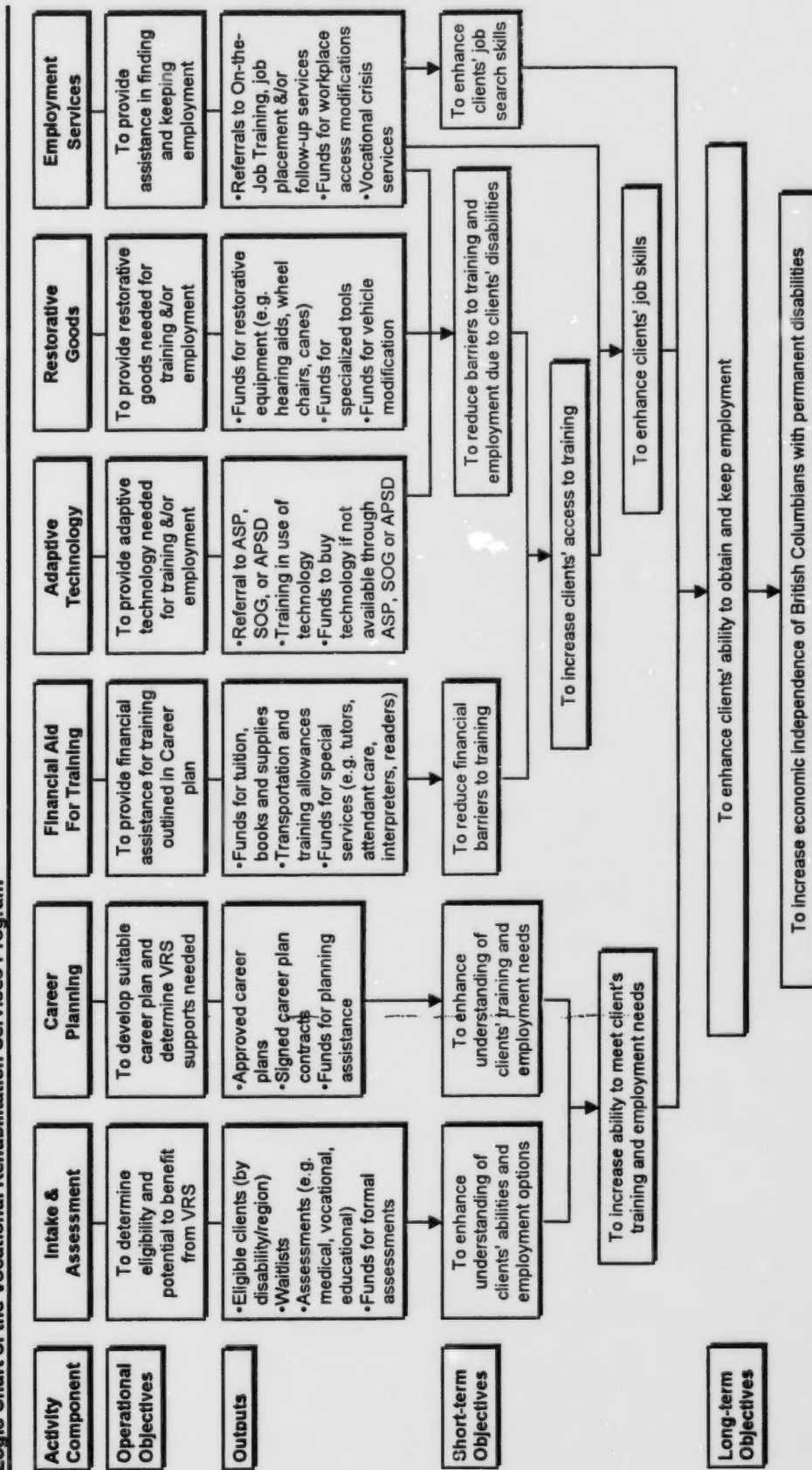
The intent of this chapter is to provide a summary and integration of the key evaluation findings. All findings, including those referred to in this chapter, are presented in detail in Part 2 of this report.

A. Appropriateness of VRS Program Design

The goal of the VRS program is to assist British Columbians with permanent disabilities to become economically independent by helping them develop job skills and find employment. To achieve this, the program provides the following services to eligible individuals: assessment, career planning, financial aid for training, adaptive technology, restorative goods and range of employment services, including access to on-the-job training, funds for workplace modifications, and vocational crisis services, as required. The design of the program is depicted in the logic chart in Exhibit II-1, on the following page. The logic chart captures, in simplified form, the essence of the design of the VRS program—its intended objectives and the inherent logic of how it intends to achieve these objectives.

Exhibit II-1

Logic Chart of the Vocational Rehabilitation Services Program



Conclusions on Appropriateness of Design

The design of the VRS program is appropriate, in that all the services have a logical role to play in achieving the short-term and long-term objectives of the program. The evaluation findings on employment success reinforce this conclusion, in that clients who complete their VRS rehabilitation plan are more likely to find employment, and find employment related to their goal, than are clients who do not complete.

B. Overall Effectiveness of the VRS Program

There are two aspects to establishing the overall effectiveness of any program. First, the intended outcomes must be measured. Then, attribution of those outcomes to the program needs to be assessed. With respect to the VRS program, there are two primary outcomes, or changes intended to take place as a result of participating in the program, that are of interest: developing job skills, and finding employment. Finding a change, that is, that clients have developed job skills and found employment, does not mean that participation in the VRS program has caused these changes. Additional information is needed before these changes can be attributed to the VRS program. Finding such changes is, however, a necessary first part in establishing the program's effectiveness.

The second aspect of assessing a program's effectiveness, attribution to the program, refers to the outcomes or impacts which would *not* have occurred without the VRS program and can thus be directly attributed to it. Although this is the fundamental question in any outcome evaluation, it is often difficult to assess directly. To do so requires the use of a comparison situation to indicate what happened without the VRS program. The appropriate comparison situation would be a group of people with disabilities who are similar to the clients of the VRS program in every significant way except for participation in the program. That is, the non-clients would need to be eligible for VRS services, and be similar in the nature and severity of their disabilities, and in the nature and severity of the barriers to employment that they face. They would also need to be similar in motivation and other factors that may relate to success in completing the vocational rehabilitation plan, and ultimate success in finding employment. It is likely that such individuals do exist in the population, but there is no cost-effective way to identify them so that a matched sample of non-clients could be selected. Such a comparison is therefore not feasible.

Without a matched comparison group it is not possible to make conclusions on cause and effect. That is, it is not possible to determine whether participation in the program caused the observed changes (such as developing job skills or finding employment). It is possible, however, to make non-causal attributions to the program. That is, to identify the change, that are associated with participation in the program and to collect other information on the likelihood that such changes are due to the program, or could not have happened without the program. The views of participants are an important source of information on how they benefited from participation in the program. It is also important to examine the alternatives to the VRS program, for if there are alternatives to the VRS program, or to specific services, then clients could have achieved the same results using these alternatives. Through the use of converging lines of evidence it is possible to draw conclusions about the necessity and effectiveness of the VRS program.

This evaluation has collected the following types of information to assess the overall effectiveness of the VRS program:

- clients' overall satisfaction with VRS services;
- clients' views on the overall effectiveness of VRS;
- other respondents' views on the overall effectiveness of VRS;
- clients' preparation for employment;
- clients' success in finding employment; and
- client' views on their accomplishments that would not have happened without the program.

Respondents' Views on Overall Effectiveness of VRS

The overall objective of the VRS program is two-fold: to assist clients in developing job skills and to help clients find employment. Most respondents felt that the VRS program is more effective in developing job skills than in helping clients find employment. VRS clients also expressed this view, even the clients who had found employment. Clients' overall satisfaction with VRS services was high, with 80 percent of all respondents in the client sample satisfied with VRS services, whether or not they had found employment.

With respect to developing job skills, about a half of clients rated the program as effective and about a quarter did not know. Clients who completed their vocational plan, and clients who were employed, rated VRS as more effective in helping them develop job skills than did those who did not complete their plan, or did not find employment. Almost all service providers (VRS Consultants and community-based service providers) rated the program as at least somewhat effective in developing job skills, although VRS Consultants were more positive in their ratings than were community-based service providers. Many of the other respondents did not know, but those who gave ratings felt it was at least somewhat effective.

Almost a third of clients rated the program as effective in helping them find employment, and over a third did not know. Ratings of effectiveness in finding employment were higher for those who completed their plan and for those who found employment, than they were for other clients. Service providers were less positive in their ratings of effectiveness in finding employment than they were in their ratings of effectiveness in developing job skills. Community-based service providers were slightly more positive than were VRS Consultants. Other respondents were more likely to rate the program as not effective in finding employment, although a number did not know.

Preparation for Employment

Another indicator of the effectiveness of the program is how well prepared clients were for employment when they completed their vocational rehabilitation plan. Clients who had completed their plan were more likely to feel they were ready for employment than were those who had not completed. Almost 80 percent of clients who had completed their plan and were employed felt they were prepared for employment. Almost all employers in the Public Services Training Program and the Training Program for Disabled Persons felt the clients they employed were adequately prepared for the job they were hired to do.

Employment Success

The objective measure of effectiveness in finding employment is actual success in finding employment. Overall, about half of clients interviewed found employment, the majority within three months of leaving VRS. The likelihood of finding a job was related to specific characteristics of the client, as well as to the services they received.

The clients who were successful in finding employment were more likely to have completed their training plan, be under 50 and female, have had more than one year of prior work experience and some post secondary education or vocational certification, and live in the North or the Lower Mainland. Successful clients were more likely to have a disability that was acquired at birth, and does not deteriorate over time, typically a cognitive or nervous system disability. The jobs that clients found were typically regular full-time positions in the health and social services or tourism sectors.

Sixty-two percent of clients who completed their VRS vocational rehabilitation plan were successful in finding employment, and the job they found was related to their employment goal for 63 percent. Without a matched comparison group it is difficult to know how to interpret these findings. We do not know, for instance, how many would have been able to find a job without VRS. There are internal comparisons that are consistent with the interpretation that VRS is effective in finding employment. For instance, of the clients who received some services from VRS, but did not complete their vocational plan, only 37 percent found employment. We do not know, though, whether these clients were less motivated, or had more difficult barriers to employment than did those who did complete. More compelling indication of the program's effectiveness is the relation between the specific services clients received and the likelihood of finding employment. Clients who received both assessment and planning were more likely to find employment than were clients who received services other than assessment and planning (72% vs. 54%). The most successful clients were those who received assessment and planning services and completed their vocational plan; 86 percent found employment compared to 47 percent of clients who received assessment and planning, but did not complete their plan. Receiving assessment and planning, though, did not improve the client's chance that the employment obtained was related to the career plan. Receiving training and job search support, however, did make a difference. Of those who found a job, the job was related to the client's goal for 83 percent who had received training and job search support, compared to 27 percent for those who had not received training and job search support.

Clients' Accomplishments

Another indicator of the program's effectiveness are the accomplishments that clients' attribute to the program. Almost three quarters of the clients interviewed could identify at least one accomplishment that they felt would not have happened without the program. Training was the most frequently mentioned accomplishment (offered by 30%), followed by improved understanding of the client's disability and their career options (reported by 23%), knowledge about specific resources or services provided by the program (21%), psychological benefits, such as increased self esteem (13%), and employment related benefits (11%).

Conclusions on Overall Effectiveness of the VRS Program

VRS is effectively addressing its two goals of assisting people with permanent disabilities to develop job skills and find employment, although effectiveness depends on which services clients received. Because program services have been more focused on assessment and training, and less on job placement services, the program has been more effective in assisting clients to develop job skills than in finding employment. The most effective combination of services appears to be assessment and planning, in combination with completing the vocational rehabilitation plan. These clients were more likely to be employed than any other group. Receiving training and job search support in addition to assessment and planning improved the likelihood that the job clients found was related to their employment goal. Caution must be exercised in interpreting these findings, however, because the comparisons are across different clients who may have had different needs, and different abilities. Without a comparison group of people with similar disabilities and similar needs, who did not receive services from VRS, it is not possible to prove that VRS services caused the employment results that were found.

C. Effectiveness of VRS Services

The effectiveness of VRS services was examined by assessing the effectiveness in achieving the program's short-term objectives, as follow:

- ⇒ Effectiveness of assessment services in identifying client abilities and realistic employment opportunities
- ⇒ Effectiveness of planning services in developing realistic employment/career plans
- ⇒ Effectiveness of the adaptive technology in reducing barriers to training and employment that are due to the clients disabilities
- ⇒ Effectiveness of financial aid in reducing financial barriers to carrying out career plans
- ⇒ Effectiveness of facilitating access to training to ensure that clients find training that gives them the knowledge and skills for employment appropriate to their career plan
- ⇒ Effectiveness of the job placement services in helping clients develop job search skills
- ⇒ Effectiveness of the employment support services in reducing barriers to employment that are due to the clients disabilities

To assess the effectiveness of each of the services offered by VRS in addressing the short-term objectives, the following information was used:

- clients' views on their need for specific services;
- clients' views on the usefulness of specific services received;

- service providers' views on the effectiveness of VRS in achieving each of its short-term objectives.
- alternatives to the VRS program or to specific services received;

Using this information, conclusions were drawn on whether the service is achieving its intended objectives, and whether there are alternative ways for clients to achieve the same result.

Effectiveness of assessment services in identifying client abilities and realistic employment opportunities

Over two thirds of clients felt they needed assessment services, including almost half who felt assessment was essential. Of those who received assessment services, two thirds found them to be useful in understanding their abilities and potential employment opportunities. Over sixty percent also felt that assessment was useful in informing the VRS Consultant about their abilities and potential. Clients did not find the assessment useful when the assessment provided information that they already knew, or when they disagreed with the assessment results.

All VRS Consultants felt that assessment services were effective, with over forty percent rating assessment services as very effective. Community-based service providers were not as positive, with only thirty percent rating assessment as very effective and an additional fifty-six percent rating assessment as somewhat effective.

Assessment services were one of the services that was predictive of employment success. As already stated, clients who received assessment services in conjunction with planning services were much more likely to find employment than were clients who did not receive these two services (72% compared to 54%).

The assessment services that are provided through the VRS program are unique to this program. Some clients come to VRS only for this service so they can demonstrate that they have a disability and thereby access supports through other agencies, such as colleges and universities.

Conclusions: Assessment services are effective in identifying client abilities and realistic employment opportunities. The evidence suggests that the in-depth assessment services provided through VRS is not readily available elsewhere and is fundamental to the success of VRS clients.

Effectiveness of planning services in developing realistic employment/career plans

Career counselling and planning assistance was viewed as a necessary service by most clients. About three-quarters who received the service felt that it was useful in helping them identify their vocational goals. Clients did not view the planning as useful when they already had a goal.

VRS Consultants viewed planning services as just as effective as assessment services. Community-based service providers also gave planning services ratings similar to those they gave to assessment services.

Conclusions: Planning services are effective in developing realistic employment/career plans. As already reported, planning in conjunction with assessment was much more likely to lead to employment than was services that did not include these two. Planning, therefore, is also fundamental to the success of VRS clients.

Effectiveness of adaptive technology in reducing barriers to training and employment that are due to the clients' disabilities

Assessment of adaptive technology needs was not needed by as many clients as were other services. Only about half felt they needed the service at all. The evaluation did not have information on who received this service, and hence has no information on how useful it was for clients. Clients' views on the need for adaptive technology were similar to their views on the need for assessment of their adaptive technology needs. Almost half felt they needed adaptive technology. Since adaptive technology can be provided directly from the Adult Services Project, information on which clients had received technology was not available. The Adult Services Project was evaluated in 1995 and was found to be very effective in achieving its objectives and addressing the needs of the adults who fall within its mandate.

Assessment of adaptive technology needs was given similarly positive ratings by VRS Consultants as they gave to the previous services, although seven percent rated it as not effective. One quarter of community-based service providers did not know whether assessment of adaptive technology needs was effective, but almost seventy percent rated the service as at least somewhat effective.

Of all the VRS services, the provision of adaptive technology was given the highest effectiveness ratings by VRS Consultants. About seventy percent rated the service as very effective in reducing barriers to training and employment that are due to the clients' disabilities and a further twenty percent rated it as somewhat effective. Forty-four percent of community-based service providers could not rate the effectiveness of adaptive technology. Almost one quarter rated it as very effective, and another quarter rated it as somewhat effective.

Since only a portion of VRS clients will need adaptive technology, this is not a fundamental service of the program. However, for those clients who need adaptive technology access to this service will be important for their ultimate success. VRS is not the only way to access adaptive technology, however. For clients in post-secondary training, access to the Adults Services Project, which is funded by VRS, is available through the colleges. There are also other funding sources available for meeting this need. The evaluation has found that some VRS Consultants use VRS funds to purchase technology as their first option and ignore VRS policy by not referring clients to the Adults Services Project or to other sources of funding first.

Conclusions: Adaptive technology provided through the VRS program is effective in reducing barriers to training and employment that are due to the clients' disabilities. The direct provision of adaptive technology is not a fundamental service of this program, as there are

other programs designed for this purpose, including the Adults Service Project of SET-BC, which is funded by VRS. The appropriate role of VRS is to refer clients to these services, rather than to purchase technology directly for clients. Only in the rare cases where clients needs cannot be met through the Adult Services Project, or through other funding options is using VRS funds for the purchase of technology appropriate. Although this is VRS's policy, it is not consistently followed by VRS Consultants.

Effectiveness of financial aid in reducing financial barriers to carrying out career plans

Financial aid was viewed as essential by a large majority (80%) of clients. The majority who received financial aid felt it was adequate to their need, although about twenty percent felt it was less than adequate. A third of clients (including those who received financial aid and those who did not) stated that lack of money prevented them from completing their vocational rehabilitation plan.

Financial aid was viewed by service providers as one of the least effective services that VRS provides. Only about twenty percent of VRS Consultants rated it as very effective in reducing financial barriers and about thirty percent rated it as not effective at all. Community-based service providers gave even more negative views; only fourteen percent rated it as very effective and a third rated it as not effective.

Although financial barriers were identified as a reason for not completing by a third of clients, the financial barriers identified by clients were often for living expenses, which VRS does not support. The effectiveness of VRS in reducing financial barriers to training is limited due to the policies of other government agencies. Clients who are receiving income assistance through the Ministry of Human Resources are expected to be available for employment unless they are receiving Disability Benefits level II. Attending training on a full-time basis can disqualify these clients for income assistance. The options for these clients are to obtain a student loan, if eligible, or attend training on a part-time basis so they do not lose their eligibility for income assistance. The Ministry of Human Resources' policy on exceptions also creates financial barriers for some clients, in that additional support for training cannot exceed \$100 per month. Any amount over \$100 can be deducted from the client's income assistance. There are other disincentives to vocational rehabilitation. Clients with CPP disability pensions, or private insurance pensions may lose their pension while in training. Others fear losing their pension and having their disability deteriorate to the point that they are no longer employable.

Although training is fundamental to the success of VRS clients, it is not clear that financial aid through VRS is necessary to that success. For many types of training there are other sources of funding for tuition, including student loans. Twenty-two percent of the clients who had taken training, had used a student loan. A further thirty-five percent would have taken out a student loan if they had no other source of funding. Thirty percent would not have used a student loan, either because they fear they could not repay the loan, or they would not have been eligible. Another thirteen percent did not know whether they would have used a student loan.

A financial means test is not required to receive financial aid for tuition from VRS, although it appears that some VRS Consultants use an informal means testing when deciding whether or not to provide tuition support. By definition, VRS clients are not employed and many rely on

income support either from the Ministry of Human Resources or from a disability insurance pension. It is generally assumed that most VRS clients do not have the financial means to pay for training. However, without a financial means test it is not possible to know whether clients had financial barriers to employment and whether the financial aid was needed to reduce those barriers.

Conclusions: Addressing the financial barriers that clients face in undertaking vocational rehabilitation is a critical need. The effectiveness of VRS in reducing financial barriers is limited, in part, by the resources available to the program, and in part, by the policies of other government programs that unintentionally create financial barriers for some VRS clients. The primary financial barrier is basic income support to cover the cost of living, which VRS cannot directly address. In providing tuition support, VRS is duplicating, to some extent, alternative methods of eliminating financial barriers, such as the student loan program, without necessarily eliminating the primary financial barrier, lack of income support. It is not appropriate for VRS to attempt to eliminate all financial barriers that clients face when trying to do vocational rehabilitation, since it does not have the resources to do this effectively, and there are other government programs that, with some changes, could more effectively address this need than can VRS.

Effectiveness of facilitating access to training to ensure that clients find training that gives them the knowledge and skills for employment appropriate to their career plan

The VRS program facilitates access to two types of training. Access to institutional training is facilitated by providing financial aid for tuition and other related expenses, and by identifying appropriate training needed to achieve the clients' goal in the career plan and where to obtain the training. On-the-job training is facilitated by providing wage subsidies through the Public Services Training Program and the Training Program for Disabled Persons and referrals for placement in one of these programs.

Half of the clients felt they needed assistance in locating the training they needed. Over three-quarters of the clients felt they needed on-the-job training, with about 55 percent rating it as essential. Almost all clients who received institutional training rated it as at least somewhat useful in giving them the knowledge and skill they needed for employment, with two-thirds rating it as very useful. The majority of clients who received on-the-job training rated it as at least somewhat useful, with over half rating it as very useful. Fifteen percent did not know if the on-the-job training was useful.

All VRS Consultants rated facilitating access to training as at least somewhat effective. Community-based service providers were less positive, with about three-quarters rating it as at least somewhat effective and 17 percent rating it as not effective.

Conclusions: Facilitating access to training opportunities, whether on-the-job training, or institutional training, is important given the relation between taking training (either institutional or on-the-job training) and employment success. The evidence suggests that VRS is effective in facilitating access to training to ensure that clients find training that gives them the knowledge and skills for employment appropriate to their career plan. The training that clients do receive is effective.

Effectiveness of the job placement services in helping clients develop job search skills

Close to two-thirds of clients felt they needed job search support services. Sixty percent of those who received job placement services, found the service useful, but fifteen percent did not know whether the service was useful. Job search support services were not useful for clients who felt they already had these skills, and for clients who were not satisfied with the quality of the job search services provided.

Clients who completed their plan and received placement services were more likely to find jobs than were clients who completed but did not receive placement services (71% vs. 59%). Clients who received job placement services in addition to assessment and planning were more likely to be employed than were clients who received assessment and planning, but did not receive job placement services (79% vs. 72%). The difference in employment success between clients who received assessment and planning only, and assessment and planning with job placement services was small, however. This may be because not all clients will need job placement services. Those who don't need the service may not benefit from receiving it.

The primary benefit of job placement services is in finding a job related to the client's career goal. Of the clients who found a job, the job was related to their goal for 76 percent of those who received job placement services, but only for 42 percent of clients who did not receive job placement services. The likelihood that the job found was related to the client's goal was increased to 83 percent for clients who received both training and job placement services.

About three-quarters of VRS Consultants rated job placement services as effective, and another twenty percent rated them as not effective. Community-based service providers expressed more positive views; about 90 percent rated them as effective.

Conclusions: Job placement services are effective in helping clients develop job search skills and in helping clients find employment related to their goal. Job placement services are one of the fundamental services for the VRS program. The challenge for the program will be to correctly identify who needs job placement services and to provide effective services to those clients who need the service, when they are ready to benefit from it.

Effectiveness of the employment support services in reducing barriers to employment that are due to the clients disabilities

VRS can provide other employment support services including the provision of restorative goods or services, workplace modifications, vocational crisis support and follow-up services so clients can get or keep employment. Only about one quarter of the clients felt they would need workplace modification; most of them felt they were essential. About half of the clients felt they would need accommodations to reduce problems caused by their disability. Only one client in the sample received workplace modifications; these were rated as very useful. Many clients had employers provide accommodations for them to do their job; all rated them as useful.

Three-quarters of clients felt that follow-up services were necessary to find out whether they needed additional services. Only 21 respondents received follow-up services and just over half

of them found them to be useful. Almost 20 percent who received follow-up services did not know whether they were helpful.

About seventy of VRS Consultants rated employment support services as somewhat effective. Over ninety percent of community-based service providers rated them as at least somewhat effective, with almost 40 percent rating them as very effective.

Restorative goods or services, workplace modifications and vocational crisis support will only be needed for a minority of clients. Follow-up services are different, however, in that, according to VRS policy, all clients are expected to receive follow-up services once they have completed their plan and are seeking or have obtained, employment. Follow-up is expected to continue for 3 to 6 months in most cases, and up to 18 months where necessary. This policy is not implemented consistently, though. For some VRS Consultants, follow-up is a letter mailed to the client. Failure to respond to the letter generally results in a closure of the client's file. For some other VRS Consultants, follow-up is a referral to a job placement service with the assumption that the agency is providing follow-up.

Conclusions: The evidence suggest that VRS is effective in reducing barriers to employment that are due to the clients disabilities through the provision of restorative goods or services, workplace modifications and vocational crisis support for the clients who receive these services. There is a clear need for follow-up services to monitor the clients progress and to identify when further services are required. The VRS program is not effective in meeting this need.

Conclusions on the Effectiveness of VRS Services

The VRS program is making a reasonable effort at addressing its short-term objectives. The most effective services are assessment and planning, which are fundamental to client success. Job placement support is another fundamental service, in helping clients find employment related to their goal. Financial aid is not as effective, because VRS cannot address all the financial barriers that clients encounter. The weakest service is follow-up, which is not provided on a consistent basis.

D. Factors that Limit VRS Effectiveness

The effectiveness of the VRS program depends on its ability to meet the needs of its clients related to increasing job skills and finding employment. The ability of the program to meet the needs of clients depends on a number of factors. First people needing vocational rehabilitation must get access to the program. This depends on awareness, appropriate referral and meeting eligibility criteria. Then the accepted client must have their needs correctly identified, which requires appropriate assessments. Meeting the clients' needs requires a plan that identifies the needs to be addressed and how they will be addressed. In addition, the required services must be available.

The relationship between success in finding employment and the type of services received shows that many clients are not receiving services that they need to be successful. Many clients are not receiving services that they, themselves, feel are essential, even though these

services are provided by the VRS program. Although many VRS clients are successful with the right combination of services, overall, only half the clients interviewed found employment. There are many possible reasons why the other half did not find employment. One possibility is that these clients did not get the right combination of services.

Regional Differences

There are many differences among regions, and even among areas within a region, that affect the ability of the program to meet clients' needs. There are large differences in caseloads of the VRS Consultants and in the length of wait to get into the program. There are differences in the availability of qualified professionals to provide services and there are differences in the number of community-based service providers who are on contract with VRS in each region. There are differences in the size of area that must be covered and in the number of VRS Consultants available to cover the area. Geography and weather can also pose challenges in some areas of the province, but not in others.

Access to the Program

Access to the program is not equitable across the province. Access is affected by waitlists, and by local practices used to determine eligibility. The likelihood of being accepted into the program depends on both the client's disability and the region in which they apply. For instance, applicants with cognitive disabilities were most likely to be accepted in the North (97% were accepted), and least likely to be accepted in the Lower Mainland (79% were accepted). On the other hand, applicants with nervous system disabilities were most likely to be accepted in the Lower Mainland (all were accepted), and least likely to be accepted in the North (83% were accepted). These differences in acceptance rates, combined with the views expressed by VRS Consultants in how they make decisions, suggests that VRS Consultants interpret the eligibility criteria differently in making eligibility decisions. The differences are likely the result of the different interpretations they have of the program's mandate. Their different understandings of the program's mandate result in different decisions about eligibility. Some are less likely to accept applicants who have a greater need for support, because they believe that these clients are not sufficiently independent to succeed with employment. Others, with a different interpretation of the mandate, accept clients who need more support.

There are two eligibility criteria in the program policy that are subject to interpretation. One criteria is that the applicant has been unable to establish a long-term attachment to the labour force as a result of their disability. The policy manual does not define what a long-term attachment is. The client must also have a realistic potential to benefit from VRS, but benefit is not defined. The criteria are sufficiently broad to capture people with mild disabilities who are unemployed at the time of application, who may not need the support of the program, but could be interpreted as benefiting because they can find employment, although they could have found employment without VRS. At the other extreme, are those people with severe disabilities who have never had a job and have no employment skills. These people could benefit in many ways from the services provided by VRS, even if they cannot be successful in finding employment. It is therefore possible that some VRS Consultants are accepting clients who do not need the program, while others are accepting clients who cannot be expected to be successful in finding employment.

Wait lists can affect access in some areas by delaying access by as much as six months. Program statistics on waitlists must be interpreted with caution, though, because they are inflated by practices in how files are opened and added to waitlists. In some areas, a client is added to a waitlist while VRS is waiting for the medical assessment. The eligibility of the applicant has not yet been determined. These clients are not waiting for service, they are waiting for intake, which cannot happen until their doctor returns the completed medical assessment. This type of wait usually happens when the medical assessment form has been mailed to the doctor directly by VRS. Often the doctor is waiting for the client to come in for an examination, but an examination is not required so the client does not see the doctor. To avoid this delay, some offices have clients bring the form to their doctor directly. Information is not available on how many clients on the waitlist are actually waiting for services, that is, the completed medical assessment has been received by VRS.

Access to the Specific Services

Clients did not always receive the services they needed. Many were unaware of the service, and were not able to request it. In other cases, the service was not available in the area, or not available for people with that particular disability. In other instances, the client was denied access by the VRS Consultant because the VRS Consultant did not understand the clients' needs or determined that the client should not be provided with the service.

There were regional differences found in the average number of services that clients received, as well as in the specific services that were provided. For instance, assessment was provided to 72 percent of clients in the Fraser Valley and only to 27 percent of clients in the North. On the other hand, financial aid for training was provided to 73 percent of clients in the North and only 34 percent of clients in the Interior.

The practices of VRS Consultants differ in that some never, or rarely, provide certain services, such as planning assistance, while others almost always provide these services. These differences stem from differences in philosophy as well as differences in how policy is interpreted. Some VRS Consultants expect clients to be more independent from the outset, and therefore provide less support because they believe the client will ultimately need to be independent to be successful in employment. Other VRS Consultants provide more support through the process, with the aim of assisting the client to develop the skills needed for employment, including independence. The result of the inconsistency among VRS Consultants in how they deliver the program is an inconsistency in how well the needs of clients are met. For instance, a VRS Consultant who believes that a client should be more independent, will be less likely to provide planning assistance regardless of whether the client needs planning assistance. Another VRS Consultant, who expects that the client will develop independence through the process, many provide more services to support the client. There may be some VRS Consultants who provide too much support, thereby limiting their ability to serve more clients, and potentially limiting the clients' ability to develop independence. These differences in philosophy likely account for some of the variation in the services that clients receive.

Completion and Access to Service

Receiving the services they need is only one factor that influences a client's success. Completing their vocational rehabilitation plan is another factor. Clients who completed were

more likely to find employment than were clients who did not complete. Yet, according to program statistics, about sixty percent of clients do not complete each year and 'drop out' of the process. The effectiveness of the VRS program is automatically limited with such a high drop out rate. It appears, however, that the drop out rate is inflated by the practices of how client files are opened and closed. A client's file is opened when the application is received. This is before the medical assessment has been received and a determination of eligibility has been made. In some cases, the client is rejected and the file is closed as "rejected". In other cases, the client's eligibility is never determined because the client did not attend the initial intake interview. These files are closed as incomplete, because there is no other designation for them. These files add to the incomplete count, yet they were never clients of the program. Another practice that inflates the number of "incompletes", is the practice of closing files of clients who are not receiving a service that is funded by VRS. The clients may still be working on their plan, however. The files are closed because the clients are not active VRS clients and there is no more appropriate designation, such as "inactive" to assign to the file.

Although the number of "incompletes" is inflated, there are still many clients who do not complete their vocational rehabilitation plan. Of the clients interviewed who stated that they did not complete their vocational plan, forty-eight percent reported a problem with VRS service as the reason they did not complete. In most of these cases, the client could not get the service they needed. About a quarter did not complete for health or disability reasons and 15 percent did not complete due to financial difficulties. In other words, the most common cause of failing to complete was not being able to get the services they needed.

Conclusions on Factors that Limit VRS Effectiveness

The effectiveness of the VRS program is limited by conditions and practices that limit clients' access to services to meet their needs. Availability of services varies across the province, which can also have an impact on effectiveness, since it is not always possible to meet clients' needs. VRS Consultants have different interpretations of the mandate of the program. These differences in understanding of the program's mandate contribute to the inconsistencies in how the program is delivered across the province, specifically in how decisions on client eligibility are made, as well as decisions on how to address clients' needs.

E. The Effectiveness of the Community-based Delivery Model

To improve access to the program, the VRS program has increased its capacity to serve clients by entering into service contracts with community-based service providers throughout the province. Some of these contracts allow clients to apply to the contracted service provider, without the need to apply directly to VRS. The effectiveness of individual services contracts has not been assessed in this evaluation. What has been examined is the rationale of the model itself and whether it can be expected to meet the objectives of the VRS program.

The first issue to consider is whether the community-based delivery model improves access. There are mixed findings on this. On the one hand, in some regions there are now a wide range of service providers to meet the needs of clients. Some of these providers are specialists in specific areas and may be able to provide better service than can VRS Consultants. On the other hand, each contract must be monitored by a VRS Consultant, which takes time. The

contracting process of setting terms of reference and reviewing proposals also takes time of the VRS Consultants. In addition, community-based service providers refer clients to the VRS Consultants for additional services. Some VRS Consultants are reporting that they are busier now than they were before. What has changed is how VRS Consultants spend their time, and where the bottleneck for services exist. In the Lower Mainland, where the community-based service model has been implemented more fully, there no longer is a bottle neck at intake. Now, however, clients may need to wait to see the VRS Consultant if they need financial support or other services that the contracted agency cannot provide.

The increasing use of community-based service providers does not seem to have reduced wait lists. There is no relation between the number of contracted service providers in a region, the VRS caseload size or the size or length of the waitlist. The Fraser Valley, Vancouver Island and Interior regions all have similar numbers of contracted service providers, but differ considerably in caseload, and size and length of wait lists. It was not possible to compare waitlists in the past, as they are not available since the VRS system does not keep historical data. It is possible that the expansion of the use of contracted service providers has increased access, but at the same time has also increased demand for VRS services. As a result, more clients are being served but many are still waiting to be served.

The use of contracted service providers is not a viable option for increasing access in all access of the province because there is a shortage of skilled service providers in some areas. In some areas, wait lists are long because VRS Consultants must travel to other communities to see clients. Unfortunately, these areas are often the areas lacking in skilled service providers. In addition, there is a lack of concentration of clients in some areas, making it less financially feasible for contracted service providers to offer service in the area. The areas where clients have to wait to get service directly from VRS, are the areas where the use of community-based service providers will be less viable due to the lack of concentration of clients.

The other issue to consider is whether the community-based approach to delivery can address the program objectives. Service providers differ in the services they have been contracted to provide. Some provide only one service, while others provide a range of services. None of these agencies exist, however, just to deliver the VRS program. They are usually non-profit agencies with their own mandates. They can also have contracts with other funders to provide similar services to clients of other programs, such as for HRDC. It is not clear that community-based service providers have been provided with enough information about VRS's mandate to ensure they are working to address the same objectives. In fact, many community-based service providers interviewed complained about a lack of information about VRS. Given the wide range of understanding about VRS's mandate among VRS Consultants, it is reasonable to expect that there will be variability among the community-based service providers, who are monitored by VRS Consultants. This may even affect who community-based service providers accept as eligible for VRS service.

The contracts for service delivery specify a target number of clients that will be serviced. The effectiveness of the contracts are monitored in terms of whether or not the targets are achieved, what services have been provided and how the money has been spent. There is no monitoring of the results of the service. In other words, contracts are not monitored in terms of whether or not program objectives are being achieved.

With the RFP process there is potential for competition with other funders for the same service providers. Such competition will reduce access and increase costs of community-based delivery. A tracking system does not exist to identify clients of community-based agencies to allow for effect monitoring and follow-up, and to ensure that clients are not being served by more than one agency for the same service. Without a data base that identifies the clients of each agency, it is not possible to know how many clients are served by the agencies, since one client can be counted toward the targets of more than one agency.

Conclusions on the Effectiveness of the Community-based Delivery Model

The viability of the community-based delivery model to increase access and improve service delivery across the province is unknown. It may be able to improve access to some types of services in some areas, but it is not likely a viable means of improving access to all services in all areas of the province. Even if access is improved, the model does have some negative consequences, including:

- increasing the time VRS Consultants spend in contract monitoring;
- increasing case loads of VRS Consultants with clients who access VRS through community-based service providers, but who need additional services that the contracted service provider cannot deliver;
- the potential for duplication of services, with the same client receiving the same services from more than one agency on contract to VRS;
- the potential for competition for service providers with other funders.

Standards do not exist to ensure that contracted services providers have a correct understanding of the mandate of VRS to ensure that services are provided that appropriately address the program's mandate. There are also no standards for monitoring contracts to ensure the program objectives are being addressed and achieved through these contracts.

F. Program Accountability

There are two aspects to program accountability. There needs to be an accountability structure, with someone who has authority for program delivery and is ultimately accountable for the program's results. The other aspect is information. There needs to be a system to collect and report accountability information in a useful format.

The management and delivery structure of the VRS program works against program accountability, since there is no central authority for delivery of the program. As a result, there is no one with authority to ensure consistency in eligibility decisions, to ensure consistent delivery across the province, or to enforce policy or program standards. The community-based delivery model adds another layer of complexity, further reducing the accountability of the program, since different contracted service providers are accountable to different VRS Consultants, who each have different interpretations of the program. In addition, standards for monitoring community-based contracts are not in place.

The management structure for the VRS program was designed for the large BC Benefits program. It consists of three levels of management in the field; one Skills Coordinator in each

office who reports to an Area Manager, and Area Managers within a Region who report to the Regional Manager. In total, 29 people provide management of the 23 VRS Consultants, in addition to management of the delivery staff of the larger program. The structure is ineffective and inefficient for the much smaller VRS program. The management structure also contributes to the problems of inconsistency in delivery, because the structure cannot ensure that delivery is consistent across the province.

BC Benefits and VRS have different focuses and are based on different assumptions. BC Benefits is compliance based, while VRS is not. The focus of BC Benefits is to provide access to training so that clients have job skills and find employment. The focus of VRS is more on assessment and planning, considering both their abilities, and the limitations imposed by their disability, to help clients understand the implications of their disability and identify suitable career options, and to plan a course of action to achieve their career goal. Training to develop job skills is only part of the process. The association of the VRS program with BC Benefits provides a context that influences how the VRS mandate is interpreted by field management. The perspective of field management, in turn, influences VRS Consultants who report to field management.

One anticipated benefit of the integration of VRS into the management structure for BC Benefits, was efficiencies through integration of service delivery. This has not occurred. It is not clear how such integration could take place without compromising the VRS program since VRS clients need specialized services that are not provided through BC Benefits, in particular the in-depth assessment and planning that are fundamental to the success of VRS clients.

Field management does not have sufficient knowledge and understanding of vocational rehabilitation to fully understand the mandate and purpose of VRS. As a consequence, they do not appreciate how VRS differs from a general employment program, such as BC Benefits. Their focus is naturally on the much larger BC Benefits program. As a result, local policies and direction provided by field management are determined by this focus on the BC Benefits mandate and are not always appropriate for the VRS program. Because of their different perspective, the direction that field management can provide cannot ensure that delivery of VRS is consistent with the VRS mandate.

The VRS program also lacks a system for collecting and reporting accountability information. There is no processes for systematically collecting outcome information, such as completion of training, success in finding employment, type of employment found, etc. The current VRS information management system is inadequate for tracking program performance and for measuring program impacts. It does not keep historical information, even though the information was originally collected, and some of the information it does collect, such as "incompletes", and "wait lists", is misleading. In addition, the system is limited in its effectiveness for case management.

Conclusions on Program Accountability

Mechanisms for ensuring accountability of the VRS program are inadequate. The management structure is ineffective and inefficient for the VRS program, and works against program accountability. Field management are not in a position to provide appropriate direction for the VRS program, or to ensure consistency of delivery. In addition, there is no process for

systematically collecting outcome information and the system for maintaining and reporting program information has no ability to handle outcome information.

G. Overall Conclusions

The VRS program is effectively addressing its objectives of assisting people with permanent disabilities in developing job skills and in finding employment. From the point of view of employment success, the most useful and effective services provided through VRS were the combination of assessment, planning, institutional training and job search support. Clients who received assessment and planning services, and completed their vocational rehabilitation plan, were more likely to be successful in finding employment than were other clients. For clients who found employment, the job was more likely to be related to their employment goal for those who received training and job search support, than it was for other clients.

There are challenges to delivering the program that limit the program's effectiveness. These challenges pertain to access to the program and to needed services, and to consistency of delivery. The management structure of the program does not facilitate consistency of delivery across the program, or ensure that delivery is consistent with the program's mandate.

The effectiveness of the VRS program can be improved by building upon the program's strengths and addressing the delivery challenges.

III. Recommendations

These recommendations are based on the findings from the Phase I formative evaluation of the Vocational Rehabilitation Services program. The intent of the Phase I evaluation was to develop program or policy changes and increase program evaluability for Phase II and for all future review activity.

The evaluation findings have revealed three significant strengths of the VRS program:

- ⇒ The design of the program is appropriate given the intended objectives.
- ⇒ The clients who receive services from VRS generally find the services useful, and are, overall, satisfied with the program.
- ⇒ Clients who complete their vocational rehabilitation plan are more likely than those who don't to be successful in finding employment.

The evaluation has also uncovered some significant challenges for the program that limit its effectiveness. These challenges pertain to access to the program and to needed services, and to consistency of delivery. The recommendations offered below are aimed at reducing or eliminating these challenges, while building upon the strengths of the VRS program.

1. Clarify the mandate of the VRS program

A common understanding of the mandate of the VRS program does not exist. There needs to be clarification of who the program should serve: all people with permanent disabilities who are unemployed, only people with permanent disabilities who have the greatest chance of becoming employed, or only people with permanent disabilities who have the greatest barriers to employment.

Develop a common understanding and acceptance of the program's mandate among service providers, both VRS Consultants and community-based service providers, as well and management in the field.

Describe the mandate in the policy manual and clarify eligibility criteria to reflect the mandate. In particular, define the criteria "be unable to establish a long-term attachment to the labour force." Consider adding guidelines in terms of length of unemployment or other factors to consider when making an eligibility decision. Also define the term benefit in the statement "determined to have a realistic potential to benefit from VRS." Is any benefit to the applicant relevant, such as improved understanding of the limitations of the client's disability? Or must the benefit be in terms of increased employability? Standards should be developed for determining how the potential to benefit should be assessed.

2. Clarify the short and long-term objectives of the program

The program logic chart provides operational objectives and short-term objectives for each activity component of the program. These objectives were inferred from program documentation, as they had not been explicitly stated. These can be adopted, or new objectives should be articulated to reflect the reason why an activity is carried out (the operational objectives), and the expected result or change that the activity is expected to bring about (the short-term objectives).

Develop a common understanding and acceptance of the program's operational objectives and short-term objectives among service providers, both VRS Consultants and community-based service providers, as well as management in the field.

Include the logic chart, or a revised version, in the policy manual as part of an overview of the program. In the appropriate sections in the manual explicitly state both the operational objectives and short-term objectives for the activity.

3. Enhance program management

The management structure for the VRS program needs to be modified to provide program accountability at the provincial level and provincial direction for the program to ensure:

- eligibility decisions are consistent with the mandate;
- policies and standards are enforced;
- delivery of the program is consistent with the mandate throughout the province.

The recommended way to modify the structure is to change the roles of the Program Operations Branch and the Field Services Branch with respect to management of the program. The Program Operations Branch should have direct responsibility for the entire management of the VRS program, including authority to develop and enforce program policy and standards, in consultation with field staff delivering the program. The Program Operations Branch would then be in a more effective role to provide direction and ensure there is a common understanding of the program's mandate and objectives. The Program Operations Branch should also have authority for establishing the credentials needed for both VRS Consultants and contracted service providers, and for authorizing access to professional development activities. Within this context, it is still possible to provide a role for the Field Services Branch, for leave management and other personnel issues, that do not bear directly on management of the VRS program.

In addition, the Program Operations Branch needs to improve communication among the Branch, management in the field and VRS Consultants. The intent is to improve understanding of the VRS program, its mandate and policies, and obtain input and feedback regarding implementing policies in the field. More direct communication is needed between the Program Operations Branch and VRS Consultants. Field management, regardless of their future role with VRS, should also receive more communication from the Program Operations Branch, although the nature of the communication needed will depend on what their future role will be.

The Branch has begun this process by instituting monthly teleconferences, where VRS Consultants and field management can participate in discussions with the Program Operations Branch around issues affecting program delivery. This should continue. Other forms of communication should also be enhanced, to ensure the field management is kept appropriately informed about issues, policy, and other program developments that have a bearing on delivery. Staff from the Program Operations Branch should also spend more time in the field, to stay current on issues of program delivery and to provide guidance to ensure the program delivery is consistent with the mandate.

4. Develop standards for service delivery

Determining how, when and whether to provide specific services must always involve judgement on the part of the service provider. However, the reasoning behind the decision must be consistent with the program's mandate, and with the program's policies.

Flexibility will always be needed in determining how to provide a service. In some cases, the VRS Consultant will provide the service directly. In other cases, the service will be provided by a professional on a fee-for-service basis, or through a contracted agency. In some areas of the province, the client may need to travel to receive the service, or the service provider may need to be brought into the area to provide the service. Because of the differences across the province in availability of service providers, and in how services can be delivered, the "how" of service delivery will need to be determined by the VRS Consultants or the service provider who is contracted to deliver the service.

Determining whether and when to provide a service should to be guided by clear policy and standards. Standards are necessary to ensure that decisions around when and whether to provide a service are consistent with the program's mandate and are not subject to differences in interpretation of the mandate. In particular, assessment, planning and job search services are fundamental to the success of clients, yet many are not receiving these services. Standards should help in assessing when each service is, and is not, needed.

The findings, presented in Part 2, under *Implementation*, indicate where inconsistencies in service delivery exist, and where the Program Operations Branch will need to:

- make clearer policies;
- develop standards or criteria to apply when making decisions about when to provide specific services; and/or
- improve enforcement of existing policies.

The Program Operations Branch is in the process of developing standards and should continue this process and use the findings of this evaluation to determine where specific standards are needed.

5. Monitor community-based delivery

The Community-based delivery model is new and its effectiveness has not been established. It should be monitored on a ongoing basis until its effectiveness is known. The Community-based delivery model may be an effective way to increase access to VRS services. However,

there is the danger of increased fragmentation of services to clients. In addition, this model is not viable in all areas of the province, as there is a lack of qualified service providers in some areas.

Contracted service providers need to be provided with clear information on the mandate of VRS, its short- and long-term objectives and policies and standards for ensuring that eligibility decisions of contractors are consistent with the VRS mandate, and services are delivered consistent with the mandate.

Standards for contract monitoring are needed; these should focus on monitoring the results of the services, that is the outcomes, not just expenditures and whether targets have been achieved. Different contracts are for different types of services. Different outcomes need to be monitored depending on the service. For example, the outcome for assessment is not employment. It is increased understanding of the clients abilities, limitations and employment potential.

Clients served by community-based service providers need to be included in the VRS data base, regardless of whether or not they have applied directly to VRS. This is needed so that the actual number of people served through the program can be measured, and to detect where the same client is receiving a duplication of services, with more than one agency providing the same service for the same client.

6. Institute a case management approach

With the increasing use of contracted service providers, there is a increasing fragmentation in the way services are delivered to clients. Throughout the vocational rehabilitation process the client may work with a number of service providers, each on contract to provide one type of service. To be effective, each service provider needs a clear understanding of the client's needs, abilities and limitations. Clients need to know what services are available and how to access them. This can be confusing and frustrating for clients and can result in clients failing to complete their vocational rehabilitation plan.

A case management approach would ensure that one person is overseeing the client's progress and ensuring that the client's needs are identified and addressed. This person could be a contracted service provider or a VRS Consultant. Since it can take a client a few years to complete their vocational rehabilitation plan, the use of contracted service providers for case management will only make sense if long-term contracts are in place. Care will need to be taken to ensure that contracted service providers are not in a conflict of interest with respect to managing a client's case, and the provision of service. The case manager will need to have authority to refer clients to the agency that delivers the service that will best meet the clients' needs. The case manager should also ensure that all service providers serving the client have a clear understanding of the client's needs, abilities and limitations. One way to do this is to share the assessment report with those providing service to the client.

Case management should include:

- ⇒ Monitoring of client progress through-out the rehabilitation process, including when receiving services through contracted service providers, to identify other needs, solve problems and ensure client completes the process.
- ⇒ Follow-up when the plan is completed to identify client needs with respect to finding and keeping employment. Follow-up can also be used to collect information to track program results.

The policy manual will need a section on case management, that outlines the purpose of case management, and standards for how to provide effective case management. All clients should receive case management and follow-up support. Follow-up should be considered as a separate activity and not part of placement services (as it now is); this should be reflected in changes to the organization of the policy manual.

7. Make more effective use of the financial resources of VRS

The resources of the VRS program are spread over a wide ranges of activities, including: intake and assessment, career planning, financial aid for training, adaptive technology, restorative goods and services, on-the-job training, job placement services, workplace modifications, and follow-up support. Some of these components are fundamental to the success of VRS clients in that they are not available elsewhere and are related to success in finding employment. Other services, though important, can be accessed through other programs.

The financial resources of the program are not sufficient to effectively meet the demand for the program. VRS should focus its resources where they can have the greatest impact. VRS should continue to provide assessment, planning, on-the-job training, job placement and follow-up services. In order to increase access to these fundamental services, it should review the need to provide other services and determine where viable alternatives to VRS exist. Areas to consider reducing VRS funding, so that more funding is available for other, more fundamental VRS services, follow:

- ⇒ Financial aid for training: There are alternative ways to fund training for most clients, including student loans and in some cases the clients' own resources. VRS should consider the elimination of tuition support for all clients where an alternative exists. There will still be the need for tuition support in some cases, so this service should be available to meet those specific circumstances. (See recommendation on student loan program below.) Some clients use VRS only for tuition support. It is not clear whether this is an appropriate use of the program. A person who needs no other service from VRS may not fit the mandate. Instead, they may be using VRS simply to obtain free tuition for post-secondary training. A clearer mandate, and clearer policies around when financial aid for training should and should not be provided are needed to ensure that abuse does not occur.
- ⇒ Most adaptive technology needs of clients can be met through either the Adult Services Project, the Special Opportunity Grant, or the Assistance Program for Severe Disabilities program. Although VRS does have a policy that VRS funds

should only be used for adaptive technology where no other option is available, this policy is not consistently followed. Mechanisms should be developed to ensure that this policy is enforced. One possibility is to remove funding for this from the field, and require headquarters approval for all technology purchases using VRS funds.

- ⇒ Some clients are using VRS only for restorative goods; hearing aids is a common example. It is not clear whether VRS is being used for this purpose because there are no other alternatives, or because VRS is a way for clients to obtain free restorative goods. It is also not clear whether providing restorative goods to people who are not going through vocational rehabilitation fits within the program's mandate. VRS should consider stricter criteria for access to funds for restorative goods to ensure those who receive this service do fall within the program's mandate, and there is no other alternative for the service.

Financial means testing could be instituted for all three of the above funding needs to ensure that financial barriers do not prevent someone from completing their rehabilitation plan. Where a financial need cannot be demonstrated, the money saved can be more effectively used either by providing better funding for those who need it, or by increasing the capacity of the program to serve more clients through the use of community-based service providers or internal resources, which could include more FTEs for VRS Consultants.

8. Review student loan policies

An examination of the British Columbia Student Loan Program was beyond the scope of this evaluation. However, the policies of the Student Loan Program are relevant to the effectiveness of the VRS program. Many VRS clients are using student loans now to cover living expenses while they are in training programs. The reliance on student loans for financial support could be increased to cover tuition. However, there are a number of factors that must be considered before such a policy can be implemented without causing additional financial barriers to VRS clients.

Student loan policies need to be reviewed to ensure they do not put people with disabilities at an unfair disadvantage compared to people who do not have disabilities. These are some of the factors that need to be considered, whether loans are used only for living expenses, or also for tuition:

- ⇒ Students with disabilities may need to take training at a slower pace and hence take longer to complete their training. Consequently, they will have a larger student loan debt for living expenses.
- ⇒ Students with disabilities may not be able to work part-time while attending school because of their disability or health. Consequently, they will need larger loans, and hence their debt will be larger.
- ⇒ The health or disabling condition can worsen and the student may be required to withdraw temporarily from school. Consequently, the student may have a number of courses that have not been completed. The student will take longer, may need to retake courses, and will incur a larger debt to complete.

- ⇒ Students with disabilities may need a period of trial and error to learn from experience the type of course work that they can handle. They will take longer, may need to retake years, and will incur a larger debt to complete.
- ⇒ The lower rates of employment of people with disabilities, and the fact that some will only be able to work part time, need to be considered in structuring repayment plans and policies regarding defaulting on the loan.
- ⇒ Loan forgiveness policies need to take all the above factors into account to ensure that student loan debt does not become a financial burden once the training is completed.
- ⇒ Special policies around defaulting and reinstatement are needed for people with disabilities, taking into account the reasons outlined above for why students with disabilities may incur much larger student loan debts than will students without disabilities.

9. Enhance Inter-Ministerial cooperation

The purpose of providing services and financial aid for VRS clients is to ensure they have a "level playing field" compared with people who do not have disabilities. A level playing field is not necessarily achieved by providing people with disabilities the same services as are available to people without disabilities. The policies of other government programs do not always recognize this, however. Many government policies are based on the assumption that people with disabilities should have the same services as do people without disabilities. This assumption fails to consider the outcome or result. To achieve the same result, employment, people with disabilities may need different services than are needed by people without disabilities. A person with a disability may need more support and more financial aid, and financial aid for different purposes, than would someone without a disability. In fact, this need is the very reason for the VRS program. The failure of some government policies to recognize that people with disabilities may need more support to achieve the same result, has created more barriers for people with disabilities.

The Program Operations Branch should work with other agencies and Ministries to identify where their policies are having a negative impact on VRS clients, and to develop cooperation agreements, inter-Ministerial policies, etc, where appropriate, to remove barriers to VRS clients. In particular, the Program Operations Branch should work with the Ministry of Human Resources to develop consistent policies, so that Ministry of Human Resources policies do not reduce the effectiveness of VRS by creating financial barriers and disincentives to vocational rehabilitation. Since the goal of VRS is increased independence of its clients, facilitating access to VRS for income recipients should benefit both VRS clients and the Ministry of Human Resources. Similar work with other agencies, such as Workers Compensation, the Insurance Corporation of British Columbia and the Canadian Pension Plan, may also remove barriers to access to VRS.

Improved coordination with the Mental Health department of the Ministry of Health is needed to reduce fragmentation of services to clients with mental health disabilities and to increase understanding of the needs of these clients.

Human Resources Development Canada (HRDC) also provides services to people with disabilities to increase their chance of obtaining employment. Cooperation agreements between VRS and HRDC may improve access to service, by eliminating confusion for clients, reducing fragmentation of service delivery, reducing duplication of services and reducing competition between VRS and HRDC for contracted service providers.

There are a number of government agencies, including VRS, HRDC and WCB, that are working at increasing the employment of people with disabilities. These agencies should cooperate in activities that are aimed at increasing employers' awareness of the abilities of people with disabilities.

10. Improve professional development

VRS Consultants should be provided with professional development opportunities on a regular basis as this is an area where considerable knowledge is required, and the knowledge that is needed changes over time. These opportunities should be coordinated and funded by the Program Operations Branch.

Some of the areas where the need for professional development was identified in the evaluation are:

- head injury: understanding the needs and employment potential; how to meet their needs
- psychiatric disorders: understanding the needs and employment potential; how to meet their needs
- learning disabilities: appropriate assessment; how to meet their needs
- developmental delay: appropriate assessment; how to meet their needs
- contracting process, and contract monitoring

11. Enhance services related to self employment

Self-employment is a growing sector of the economy. There is a growing trend for VRS clients to consider self-employment as a means of achieving financial independence in a way that can allow them to structure their work to accommodate their disability.

This is a new and growing need, but the traditional services of VRS do not adequately address the needs of this group. In particular, the planning process is focused on finding employment, not becoming self-employed. VRS Consultants do not have the experience or expertise to assess the viability of business plans that are developed by clients. Access to expertise in this area is needed. VRS policy needs to be explicit about what services can be provided to people who are setting up their own businesses. The policy of the Adult's Services Project on equipment purchase after one year of use for employment does not work for self-employed clients. This policy requires the client to purchase the equipment, since they are also the employer. Yet, after only one year in business, VRS clients may not be in a financial position to purchase the equipment. Some VRS Consultants are currently using VRS funds to purchase the technology from the Adult Services Project. Since the technology was originally purchased by the Adult Services Project using VRS funding, the result is that VRS has paid twice for the same technology. This is not an appropriate use of VRS funds.

It may be possible to develop arrangements with other Ministries to develop a program to provide financial assistance in setting up small businesses to people with disabilities. This could include low interest, or interest free loans, or grants. This funding could be used for start-up costs, and to pay for adaptive technology. Similar arrangement may also be possible regarding assistance in developing and assessing business plans.

12. Increase awareness of the VRS program and services

Awareness should be raised about the VRS program to people in the disability community, including potential clients, to increase access to the program. This should only be done where the capacity exists to accommodate more clients.

Clients and potential clients should have more information about the services provided by service, and the criteria for access to the services. This information should be available in writing, and in simple language so that people with literacy or language barriers can understand the information.

Clients and applicants should be informed, in writing, about their right to appeal. Information should also be provided about what can be appealed and how the process works.

13. Enhance the future evaluability of VRS

There are a number of initiatives that can be carried out to improve the evaluability of VRS in the future, such as:

- ⇒ On application forms, collect an alternative telephone number, and explain that it will be used to locate the client for tracking, if needed.
- ⇒ Ensure clients know they will be contacted later for tracking and evaluation, when they sign the application form.
- ⇒ Ensure client records are kept up-to-date; verify addresses and telephone numbers with clients throughout the vocational rehabilitation process.
- ⇒ Improve client (both direct and community-based) tracking through the case management and follow-up process by collecting:
 - Views on effectiveness of services received, problems in accessing service, unmet needs.
 - Current status: in training, training complete, looking for work, employed, etc.
 - Up date contact information (e.g. telephone number and location) in records

This can be done through a brief telephone interview, where clients, and former clients, are asked a few specific questions.

- ⇒ Design the VRS database to record and report information in a useful format, including outcome information, history of activities over time, etc. for both direct and community-based clients. The database should indicate whether the client is a

direct VRS client, or a client who applied through a community-based agency. Specific recommendations about the database are provided in Appendix C.

- ⇒ Design a database for tracking community-based service providers on contract to VRS.
- ⇒ Design a database for tracking both the employers and the clients participating in the Public Services Training Program and the Training Program for Disabled Persons.

As already mentioned, standards are needed for monitoring community-based agencies. Standards are also needed for monitoring the effectiveness of the Public Services Training Program and the Training Program for Disabled Persons.

**Phase I Evaluation of the
Vocational Rehabilitation Services
Program
—Report—
Part Two: Detailed Findings**

October, 1998



Table of Contents for Part 2

IV. Findings on Program Design.....	49
A. Program Design.....	49
Findings.....	49
Conclusions on Program Design	53
B. Potential Partnerships	53
Findings.....	53
Conclusions on Potential Partnerships.....	55
C. Appeal Process	55
Findings.....	56
Conclusions on the Appeal Process.....	57
V. Findings on Program Implementation and Delivery	58
A. Implementation.....	58
Findings.....	58
Regional Overview	59
Case Load and Wait Lists.....	59
Type of Clients.....	61
Other Factors.....	62
Service Provision	65
Intake.....	67
Assessment.....	71
Career Planning.....	72
Financial Aid for Training	74
Adaptive Technology	75
Employment Services.....	77
Case Closure.....	78
Cost of Service.....	84
Conclusions on Implementation	87
B. Consistency and Flexibility	88
Findings.....	88
Conclusions on Consistency and Flexibility.....	90

Table of Contents for Part 2 (continued)

C. Management and Delivery Structure	92
Findings.....	92
Views of VRS Consultants	93
Views of Field Management.....	94
Views of Headquarters Staff	94
Views of Ministry Management	94
Views of Partners.....	95
Conclusions on Management and Delivery Structure.....	95
D. Information Management Systems	96
Findings.....	96
Client Records	96
The VRS Data Base.....	97
Community-based Client Records	97
Contract Monitoring.....	98
Monitoring of Employers in the TPDP or PSTP.....	99
Respondents' Suggestions	99
Conclusions on Information Management Systems	102
VI. Findings on Relevancy to Client Needs	104
A. Client Needs.....	104
Findings.....	104
Clients' Views on Services Needed	104
Assessment and Planning	111
Adaptive Technology	112
Financial Aid	112
Placement Services.....	113
Other Needs	113
Views of Service Providers and Employers.....	113
Conclusions on Client Needs	116

Table of Contents for Part 2 (continued)

B. Access to Service.....	116
Findings.....	117
Access to VRS: Program Statistics	117
Access to VRS Services: Views of Clients	121
Vocational Assessments.....	122
Career Counselling and Planning	122
Adaptive Technology	122
Financial Aid for Training	123
Training.....	123
Placement Services	123
Other Needs	124
Access to VRS Services: Views of Other Respondents.....	124
Conclusions on Access to Service	127
C. Meeting Client Needs	127
Findings.....	128
Clients' Views on Usefulness of Services Received	128
Vocational Assessment	130
Career Counselling.....	131
Financial Aid for Training.....	131
On-the-job Training.....	132
Institutional Training.....	132
Job Search Support.....	133
Modifications and Accommodations	133
Follow-up Services	133
Impact on Career Choice	134
Clients' Overall Satisfaction with Services	134
Views of Other Respondents	137
Conclusions on Meeting Client Needs.....	137
D. Client Completion and Transition	138
Findings.....	138
Conclusions on Completion and Transition	140

Table of Contents for Part 2 (continued)

VII. Findings on Program Effectiveness	142
A. Employment Outcomes	142
Findings.....	142
Employment Success	142
Employment Outcomes	142
Achievement of Clients' Employment Goal.....	146
How Employment was Found	147
Factors that Influence Employment Success	147
Reasons for Lack of Success	148
Relation Between Finding Employment and Program Services.....	149
Description of Employment Found	152
Conclusions on Employment Outcomes.....	153
B. Preparation for Employment	154
Findings.....	154
Conclusions on Preparation for Employment	155
C. Unintended Outcomes	155
Findings.....	155
Conclusions on Unintended Outcomes	156
D. Achievement of Program Objectives.....	156
Findings.....	156
Clients' Views on Effectiveness of VRS	156
Clients' Views on Accomplishments.....	157
Views of Other Respondents on Effectiveness of VRS	159
Conclusions on Achievement of Program Objectives.....	161

IV. Findings on Program Design

A. Program Design

Issue: Given its design, to what extent can the Program be expected to achieve its intended objectives?

Findings

Assessing the appropriateness of the program's design entails an examination of the program's activities, the program's underlying rationale and the inherent logic of how it intends to achieve its objectives. The following description of the VRS program is based on program documentation on how the program is intended to be delivered.

The goal of the VRS program is to assist British Columbians with permanent disabilities to become economically independent by helping them develop job skills and find employment. The rationale for the program stems from the recognition that people with severe disabilities need higher levels of service to find and keep employment. The expectation of the program is that the person being served by the program can eventually achieve competitive employment, defined as employment that is supported or otherwise, where the salary is no less than the minimum wage.

The design of the VRS program is based on the belief that active participation and self-determination by people with disabilities are essential to success in finding employment. The services available through the VRS program can be grouped into the following six activity components:

- ⇒ **Intake and Assessment:** The purpose of intake and assessment activities are to determine whether the applicant meets eligibility criteria, and to collect information on the abilities and employment potential of those eligible for VRS services. Eligibility criteria are laid out in the VRS Operational Policy Manual. To be eligible, the applicant must be a Canadian citizen or landed immigrant who is a resident of BC, is between the age of 16 and 65, and has a permanent or chronic physical or mental disability that can be verified by a qualified professional. In addition, the applicant must not have been able to establish a long term attachment to the labour force as a result of the disability, but has a realistic potential to benefit from VRS. A person who is employed at the time of application, will be eligible for Vocational Crisis services if continuation of employment is threatened because of the disability. The applicant is not eligible if he or she has a claim under another program (including Worker's Compensation, private insurance carriers or any other federal, provincial or municipal program) that could include rehabilitation services.

Assessments are used to assist the individual and the service provider to establish eligibility and establish that the applicant is incapable of obtaining employment due to a disability, without vocational rehabilitation assistance. Assessments are also used to understand the implications of the individual's disability as it relates to

training and employment, to identify the applicant's abilities and strengths and suitable employment options. All applicants must have a medical assessment to establish the existence and nature of their disability. When needed, other assessments can be purchased, including psychological or vocational, neuro-psychological, educational, learning disability, and work adjustment assessments.

- ⇒ **Career Planning:** Career planning is a process to assist individuals identify their vocational/career goal and how to achieve their goal. The Career Planning Guide has been developed as a resource to assist individuals to research employment alternatives and develop a rationale for choosing a particular goal. The guide also assists the person identify the steps the individual will need to carry-out to achieve that goal. The career plan set out in the guide will include the training, adaptive technology, and restorative goods that will be needed to achieve the goal, as well as the time frame for carrying-out the plan. If VRS is going to provide services or funding for the individual to carry out the plan, VRS must approve the career plan and a Career Plan Contract must be completed and signed by the applicant and the VRS consultant. The contract outlines the cost of the plan and the responsibilities and activities that the individual and VRS agree to undertake, as well as the funding that VRS will provide.
- ⇒ **Financial Aid for Training:** For clients taking post-secondary training, VRS can provide funding for tuition, books and training-related supplies and transportation. VRS does not provide assistance for the cost of food or shelter. A financial means test is not required.
- ⇒ **Adaptive Technology:** Adaptive technology is technical equipment that reduces or alleviates the effects of a specific disability in accessing training or employment. Some examples include opticons, visualteks, recording equipment, computers and adaptive software. VRS has a contract with the Adult Services Project of Special Education-BC¹ to loan adaptive technology to adults with disabilities who are in post-secondary training in BC or are VRS clients. The technology can be loaned for the duration of the training. For those clients entering employment, the technology is loaned for one year; at the end of the year, the client is expected to purchase the technology at the current market value if the technology is still needed.

Where technical equipment is not available through the Adult Services Project, the applicant is referred to the Special Opportunity Grant (SOG), or the Assistance Program for Students with Disabilities (APSD) for funding to purchase the necessary technology. If the comparable adaptive equipment is not available through either the Adult Service Project, SOG or APSD, VRS can purchase adaptive technology for the client. When VRS purchases adaptive technology it becomes the property of the client.

Training in the use of the adaptive technology is provided by the Adult Services Project, if they loaned the technology; if the technology is not supplied by the Adult

¹ Special Education-BC is a provincial resource program that is funded by the Ministry of Education to assist school districts, through the provision of adaptive technology and ongoing support, in educating students with disabilities.

Services Project VRS ensures that training is provided on a fee for service basis. The Adult Services Project is responsible for maintenance and repair of their technology. Maintenance and repair of technology that is purchased through SOG, APSD, or VRS funds is the responsibility of the client.

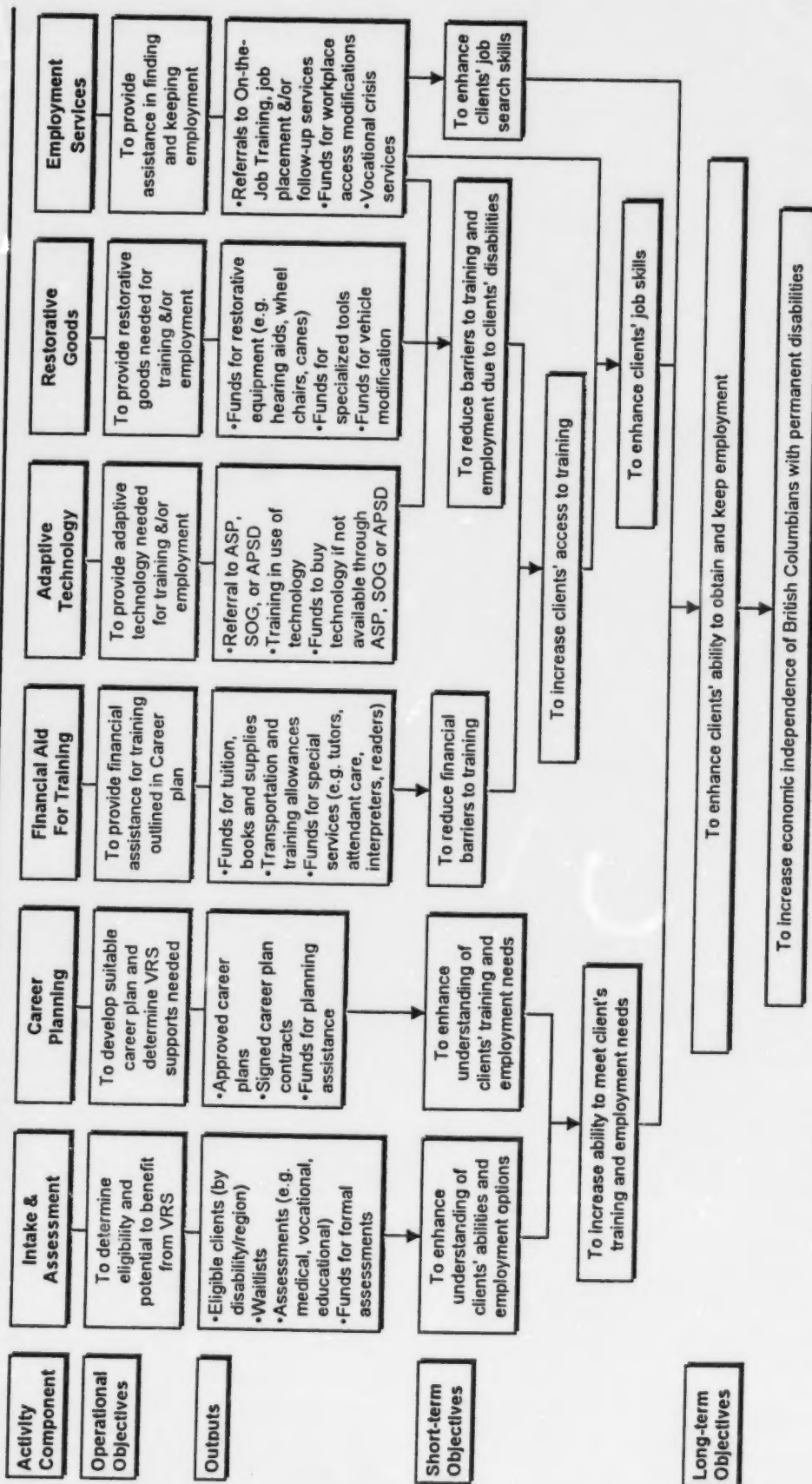
- ⇒ **Restorative Goods:** Restorative goods are equipment and appliances that alleviate, reduce or remove a disabling condition, such as wheel chairs, canes, hearing aids, corrective lenses, and orthotic appliances. VRS will provide funds for restorative goods only if they are needed to participate in assessment, training or employment, and no other sources of funding is available. VRS can also provide specialized tools or equipment and vehicle modifications if they are necessary for the individual to participate in training or employment.
- ⇒ **Employment Services:** VRS provides a range of employment services to assist clients in developing employment skills, pursuing self-employment, and preventing loss of employment. The purpose of these services is to assist clients in obtaining and/or keeping employment. Employment services can include the following:
 - Placement services, that can include job marketing, placement and support. Placement can include on-the-job training, including the Public Services Training Program and the Training Program for Disabled Persons, where the employer is provided a wage subsidy for providing on-the-job training for the VRS client.
 - Business planning assistance for clients who are considering becoming self-employed.
 - Workplace access and modifications, such as addition of wheel-chair ramps, widening doorways, installation of FM systems, and equipment modifications.
 - Vocational crisis services and support, which can include any of the services available through VRS, if they are needed to help the client keep their current employment.
 - Follow-up services are normally provided for three to six months after the Career Plan Contract has been completed, although they can be extended for up to 18 months if needed. The purpose of follow-up is to ensure the client has the services needed to maintain competitive employment.

The underlying logic of how the VRS activities are intended to achieve the program's goal are depicted in the program logic chart, which is presented in Exhibit IV-1, on the following page. The logic chart depicts the activities, outputs,² intended short-term and long-term outcome objectives,³ as well as the logical linkages among these elements. The logic chart captures, in simplified form, the essence of the design of the VRS program—what it is intended to achieve and the inherent logic of how it intends to achieve its objectives.

² Outputs are the products or services generated by the activities and are the links between activities and outcomes. These are the countable indicators of having carried out program activities.

³ Short- and long-term objectives are the changes that are expected to result from the activities. Outcomes are the measurable indicators that the objectives have been achieved.

Exhibit IV-1
Logic Chart of the Vocational Rehabilitation Services Program



The following six activity components are depicted in the logic chart:

- Intake and assessment
- Career planning
- Financial aid for training
- Adaptive technology
- Restorative goods
- Employment services

For each activity component, the key outputs, that is the products and services that are generated by the activities, are depicted in the logic chart. Each activity component should be logically linked to one or more outcome objective. Outcome objectives are the direct changes, both short-term and long-term, that are expected to result from the outputs. The outputs of an activity provide the link between activities and outcome objectives. The linkages between activities and outcome objectives that are depicted in a logic chart are intended to show the causal relationship between the activities of a program and the outcome objectives.

The overall program goal, of increasing economic independence of British Columbians with permanent disabilities, links the program to broad societal goals pertaining to the economic well-being of the citizens of British Columbia. The primary objective of the program, and the way it will increase economic independence, is by enhancing clients abilities to obtain and keep employment. All short-term objectives are either directly or indirectly linked to the long-term objective of enhancing client's abilities to obtain and keep employment. The chain of causal links from activities to the program's long-term objective, as well as its expected impact on society, are all depicted in the logic chart.

Conclusions on Program Design

The design of the VRS program is appropriate given the rationale and the intended objectives of the program. If the program is delivered as designed, it can be expected to achieve the short- and long-term objectives of the program.

See also findings for program effectiveness, later in this report.

B. Potential Partnerships

Issue: What opportunities are there for forming new partnerships with community-based service organizations to help address client needs?

Findings

All respondent groups, except employers, were asked whether there were agencies or service providers that could be working in partnerships with VRS. All except clients were also asked if there were barriers to forming partnerships. Many spontaneously brought up barriers in response to the question of naming potential partners, so the barriers that respondents identified will be presented first.

Eleven respondents felt there were no barriers to forming partnerships; 1 headquarters staff, 8 community-based service providers, 1 VRS Consultant and 1 advocate. The others identified one or more of the following barriers.

- ⇒ Skill shortage: A shortage of qualified service providers in some areas of the province; expressed by 4 field management, one headquarters staff, 6 VRS Consultants, and 2 advocates.
- ⇒ Inflexible Contracting Process: Inadequacies with the Request for Proposal (RFP) process was cited by many respondents; expressed by 3 partners, 3 VRS Consultants, 1 field management, and 1 community-based service provider. A range of concerns were expressed, including:
 - Some VRS people are not qualified to select the most appropriate agency.
 - The RFP process itself is too inflexible, takes too long, does not take into account prior experience with agency or agencies location, and inhibits innovation as it requires that services be specified, rather than asking bidders to propose what services they could supply.
- ⇒ Lack of Coordination among government funders: Various government funders, both federal and provincial, have different mandates and/or different philosophies regarding vocational rehabilitation; lack of coordination of federal (e.g. HRDC) and provincial programs; lack of federal cooperation; competition among funders for same contractors; uncertainty around LMDA and devolution to the province, hence uncertainty about working relationship; expressed by 2 partners, 4 VRS Consultants, 1 community-based service provider, 7 field management, 1 headquarters staff; and 1 advocate.
- ⇒ Competition between agencies: Due to the RFP process, potential partners are in direct competition with each other, hence partnering among agencies may hurt future funding; partnering causes uncertainty regarding which agency will get credit for the client towards meeting target requirements in their contract; expressed by 8 community-based service providers, and 1 partner.
- ⇒ Funding Shortage: Limited funding, which means that it is not possible to contract with all potential partners; expressed by 1 headquarters staff, 4 community-based service providers, 4 field management, 3 VRS Consultants, and 2 advocates.
- ⇒ Time Shortage: Lack of time for VRS staff, especially VRS Consultants to set-up and monitor contracts; contracts can increase case load through referrals from agencies to VRS; expressed by 4 field management, and 3 VRS Consultants.
- ⇒ Limited time, due to limited resources for the service providers to be involved in establishing partnerships among themselves; expressed by 4 community-based service providers.
- ⇒ Differences among potential partners: differences that may work against partnering, including philosophies and service practices, clients they serve; career plan not recognized by other agencies; lack of willingness to share client information due to

Freedom of Information Act; attitudes about working together; expressed by 7 community-based service providers, 2 field management, and 1 partner.

- ⇒ Lack of Direction: Lack of communication among VRS and potential partners; VRS should take leadership and encourage partnerships; subcontracting is not allowed under contracts; lack of community input, lack of flexibility in planning; legislative barriers; Ministry's matrix model of management; contracting represents a paradigm shift, hence it is difficult to change the way things have been done; expressed by 1 field management, 4 community-based service providers, 1 VRS Consultant, 3 partners, and 3 advocates.
- ⇒ Negative Impact on Service: Contract restricts use of other service providers because of targets in contract; contractor may be in a conflict of interest and through assessment recommend their own programs/services; there are regional disparities in availability of service, so need a provincial approach to delivery; client base too small in area to warrant contracts; expressed by 4 VRS Consultants and 1 community-based service provider.
- ⇒ Attitudes about people with disabilities, especially that they are not capable of working; attitudes about people with specific disabilities, such as mental illness; expressed by 1 headquarters staff, 1 community-based service provider, 1 partner, and 1 field management.

When asked to identify potential partners, many respondents were unable to do so. Many answered that there were no potential partners because all partnerships were already in place, or there were no service providers with the required skills in the area. A few VRS Consultants were reluctant to name potential partners because there were working on developing these partnerships. Others named generic partners, such as colleges and school boards. The specific suggestions offered are provided in Appendix B.

Conclusions on Potential Partnerships

VRS is moving in the direction of using more community-based service providers to address client needs. It is the expectation of the Ministry that the use of these partnerships will increase access for service, and thereby reduce waitlists. The ability to effectively implement this policy depends on the availability of professionals with the skills necessary to meet the needs of VRS clients. The findings presented here suggest that partnerships with community-based organizations may not be possible to the extent necessary to increase access throughout the province. There are a number of barriers that respondents have identified that could be addressed with the aim of making partnering more effective. There are other limitations of partnerships that the VRS program may not be able to address, though, such as the shortage of skilled professionals in some regions of the province.

C. Appeal Process

Issue: Does the Program have an adequate appeal process? If not, how should it be changed?

Findings

There have been two different appeal processes in the VRS program. One appeal has been based on the Vocational Rehabilitation of Disable Persons (VRDP) Agreement and is solely based on establishing eligibility for services that are cost-shared under the agreement. Appeals are administered by the Appeals Secretariat, which functions as a central coordinating agency for all appeals. Every appeal is first reviewed by the Program Operations Branch, which can either vary, rescind or sustain the eligibility decision. If the original decision is sustained the individual can have an independent VRDP Appeal Tribunal review the decision to determine whether the person is eligible for services under the VRDP Agreement. The appeal process under the VRDP Agreement is no longer applicable, because the agreement has been replaced by a new agreement. The new agreement does not provide a basis for appeal. At the time of data collection, the Program Operations Branch was in the process of developing a new appeal process.

The other appeal process, known as the goods and services review process, is intended to resolve conflicts regarding the type and timing of the provision of goods or services. This appeal is internal to the Ministry. Unresolved conflicts first go to the Skills Coordinator for the area, and if not resolved at that level, then to the Area Manager. The Area Manager, in concurrence with the Senior VRS Coordinator, Program Operations Branch, will finalize a decision regarding the provision of goods or services.

Respondents were asked if they were satisfied with the appeal process and whether they had suggestions to improve the process. The views on satisfaction are summarized in Table IV-1. The vast majority of respondents had never used the appeal process and had no suggestions. Of the remaining, 15 were satisfied and 6 were not. Respondents offered the following reasons for dissatisfaction:

- needs to change in light of new cost sharing agreement with the federal government, as new agreement does not provide a basis for appeal;
- eligibility appeal is unclear;
- field management do not have expertise to do goods and services review;
- the process takes too long;
- the process is not applied consistently across the province;
- appeal is not adequately promoted; and
- the issue is often one of availability of service, not eligibility for service.

Few respondents offered suggestions. The suggestions offered were:

- need to advertise appeal process to advocate groups; to clients (3 respondents);
- give client clearer timelines and more information during appeal (2 respondents);
- make process clearer (2 respondents);
- appeal should be broader than just eligibility; should be able to appeal availability, appropriateness and quality of service (2 respondents);
- need to train managers in doing new goods and services review (2 respondents);
- need a process to review whether decision was fair and consistent with policy;
- will need to either clarify difference between goods and services review and the eligibility appeal, or combine into one;

- should have more consistency across province; should not be dealt with by local office but by an impartial mechanism;
- improve the time it takes; and
- there should be advocacy assistance to VRS clients in appeal.

Table IV-1
Views on Satisfaction with Appeal Process

Respondents	Satisfied	Not satisfied	Never used appeal; no information
Headquarters	0	2	2
VRS Consultants	6	1	7
Community-based service providers	7	0	28
Advocates	0	2	3
Partners	2	1	4
Overall	15	6	44

Respondents in the client sample asked a number of questions about the appeal process. First they were asked whether they were aware of the appeal process, and if so, whether they had used it. Twenty-seven (20%) were aware of the appeal process and two of these clients had used it. One was somewhat satisfied and the other was not satisfied with the result of the appeal. Thirty-five of the 110 (32%) who had not been aware of the appeal process said they would have used it if they had known about it. The most frequently offered reasons for why they would appeal were:

- denial of funding (11 respondents);
- problems or dissatisfaction with assessment and planning (5 respondents);
- refusal of service (3 respondents);
- eligibility refusal (2 respondents);

Only five could suggest changes to the appeal process: make clients more aware of the process (2 respondents); provide more direct communication with the clients (2 respondents); and VRS Consultants should be more organized in assisting client with the process.

Conclusions on the Appeal Process

The findings indicate that the VRS appeal processes are not well known and are seldom used. Most of the people who have experience with the appeal process are Ministry employees. The majority of people who have used the appeal process are satisfied with it. The most common suggestion for improving the appeal process is to improve communication about it, both communication to clients and advocates to raise awareness about the process, and communication to clients during the appeal process. The eligibility appeal process, under the Vocational Rehabilitation of Disable Persons (VRDP) Agreement, is no longer applicable as the agreement has been replaced. Hence, a new eligibility appeal process is needed. Since the new agreement does not provide a basis for appeal, the basis for appeal will need to be established in VRS policy.

V. Findings on Program Implementation and Delivery

A. Implementation

Issue: Are the Program components being delivered consistently across the Province? If not, what reasons account for the variations? How much flexibility is needed to accommodate local circumstances, without compromising Program integrity?

Findings

The VRS program is delivered through the Field Service Branch, which is the regional delivery structure of the Skills Development Division of the Ministry of Advanced Education, Training and Technology. The province has been divided into five regions for program delivery. Within each region there are a number of area offices out of which Skills Development programs are delivered. VRS Consultants work out of about 15 of these area offices. Training Consultants and Adjustment Consultants also work in various area offices throughout the Province. At the time of data collection, there were 23 VRS Consultant positions, 22 of which were full-time; 2 of the 23 positions were temporarily vacant.

Individuals with disabilities can apply for VRS services either directly through a Skills Development area office, or through a community agency, depending on the area. Community service providers or agencies are located in a number of areas of the province; they are funded by VRS to provide one or more services to people eligible for VRS services.

Community service providers or agencies are monitored by a VRS Consultant in their area. VRS Consultants are supervised by Skills Coordinators, who also supervise Training Consultants. Skills Coordinators report to Area Managers, who report to Regional Managers. The five Regional Managers report to the Director of the Field Services Branch.

Staff of the Program Operations Branch provide coordination and support for the program, but do not supervise the field staff who deliver the program services. At the time of data collection, there were four staff in the Program Operations Branch who were directly involved in supporting the VRS program.

The findings on implementation and delivery that are presented in this chapter are:

- ⇒ Descriptions of the characteristics of each region that bear on service delivery, such as case load size, number of service providers, size of region, and geography.
- ⇒ Descriptions of the clients served in each region.
- ⇒ Descriptions of the services that are provided in each region as well as descriptions of how the services are delivered and how the delivery varies across the province.

Regional Overview

The way the VRS program is delivered varies across the province. Different offices have developed their own practices with respect to service delivery and each region has policies that can affect program delivery. There are also differences from office to office within the same region. An overview of the five regions, including caseload, waitlists, and type of clients served, is described in the following sections.

Case Load and Wait Lists

Regions differ in the number of active cases that are served at any one time, and in the number of VRS Consultants employed in the region to serve clients. Table V-1 shows the number of active cases in each region for 1997. Also included is the number of VRS Consultants (full-time equivalent) positions in each region. Case load, which is also included in the table, is calculated as the number of active cases divided by the number of VRS Consultants in the region. This gives the average number of active clients served by each VRS Consultant in the region. The averages portrayed in the table do not capture the full picture, however, as the actual case load for each VRS Consultant can vary considerably within a region and also fluctuates over the year. Although active cases varied considerably, from 252 in the North to 886 on Vancouver Island, average case load only varied from 101 in the North, to 177 on the Island.

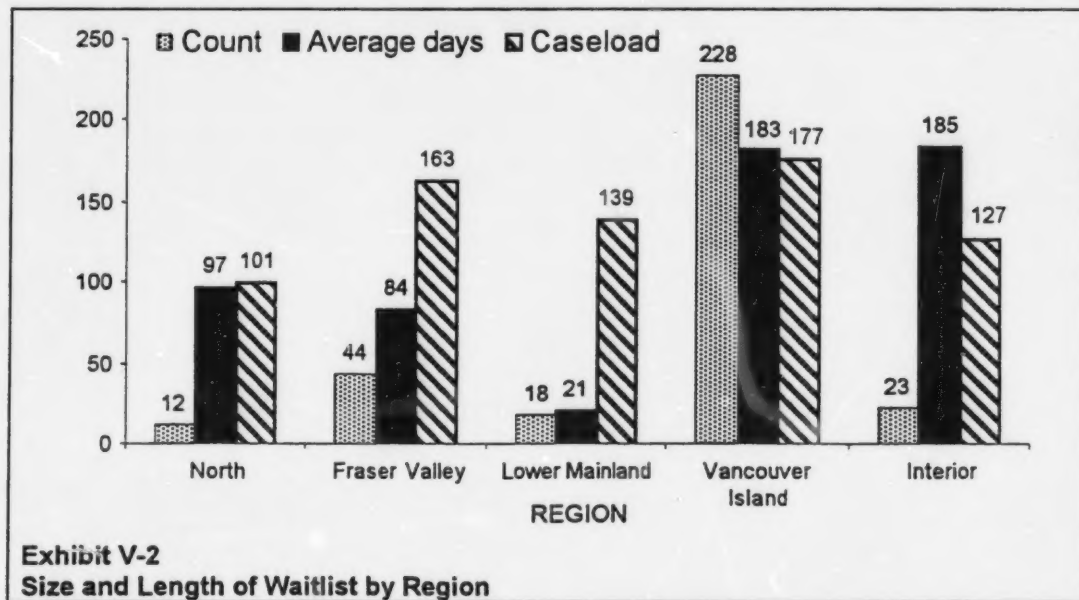
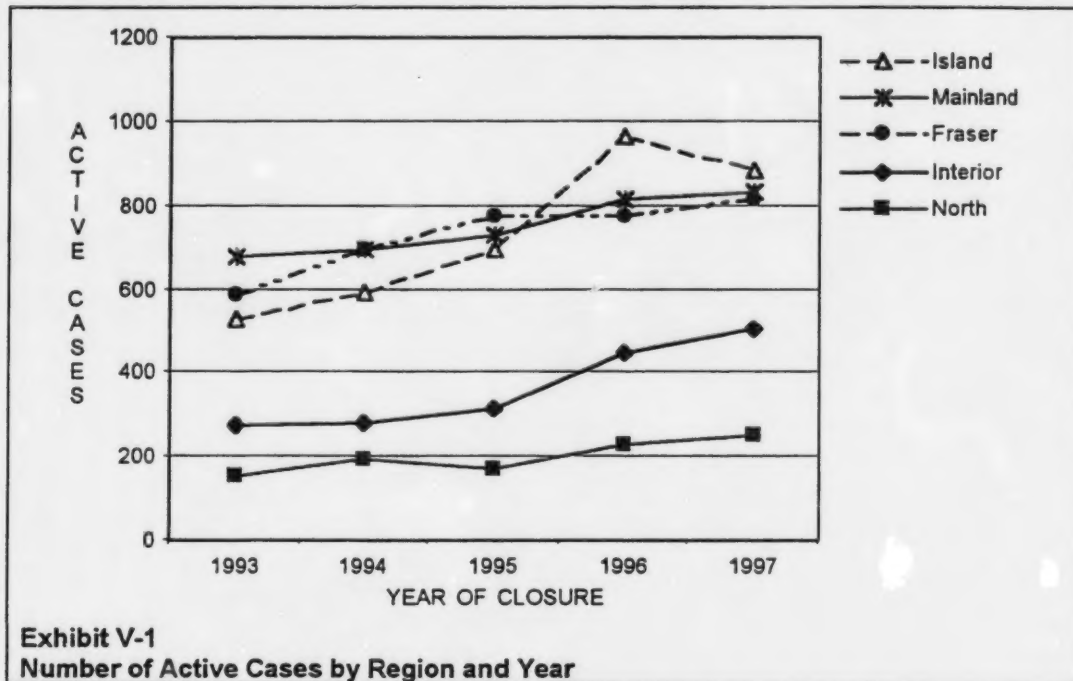
Table V-1
Active Case Load in each Region

Region	Number of Active Cases	1997		Percent Increase in Active Cases from 1993 to 1997
		Number of VRS Consultants	Caseload	
Fraser Valley	814	5	163	39%
Interior	507	4	127	85
Lower Mainland	832	6	139	23
North	252	2.5	101	63
Vancouver Island	886	5	177	67
Overall	3291	22.5	146	48

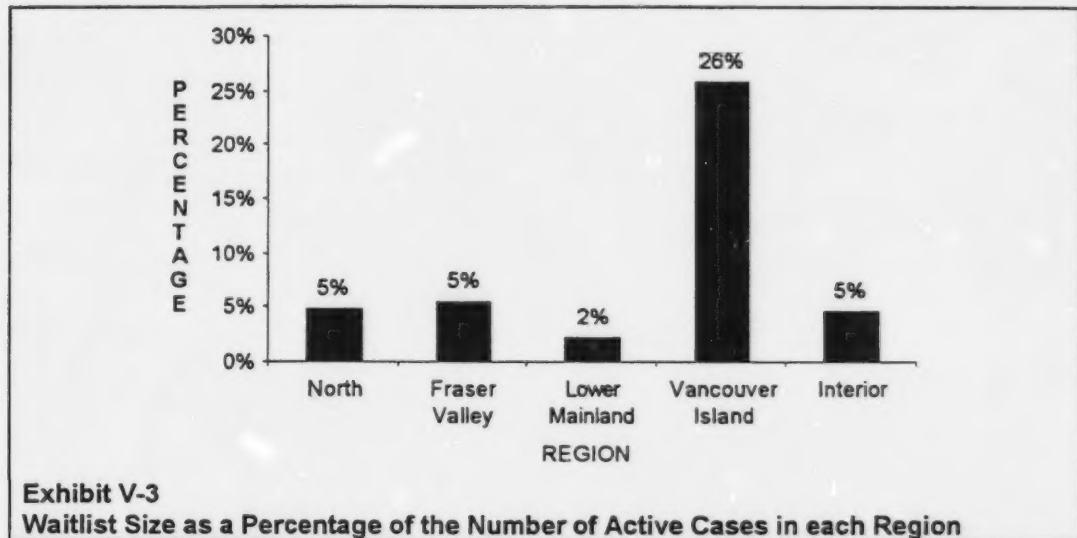
The percent increase over the five years for each region is also shown in Table V-1. The number of active cases increased from 1993 to 1997 for all regions, as is depicted in Exhibit V-1. Overall, there was a 48 percent increase in the active cases over the five years. The increase in active cases varied considerably across regions, from 85% in the Interior to 23% in the Lower Mainland.

In addition to case load, regions also differ in the number of applicants waiting for services, and in how long an applicant may have to wait before their application is reviewed by VRS and either accepted or rejected. Exhibit V-2 shows the number of applicants on the waitlist as of June 1998, the average number of days the applicant had been waiting in each region, and the average case load for the region. This exhibit graphically portrays the regional differences. The Vancouver Island region has the

largest waitlist, and the longest wait, as well as the highest case load. Applicants in the Interior have to wait just as long as they do on the Island, but the number of applicants on the waitlist is much lower and the case load is much lower. The best situation is in the Lower Mainland region, where the waitlist is small, the average wait is less than a month and the case load is moderate in size.



Since regions differ considerably in the demand for their service and the amount of resources they have to meet the demand, the best way to compare waitlist numbers is to compare the number of applicants waiting as a percentage of the number of active cases. This percentage comparison is portrayed in Exhibit V-3. The waitlist in all regions except the Vancouver Island region is 5 percent or less of the number of active cases. For the Vancouver Island region the waitlist is 26% of the number of active cases.



Type of Clients

Regions differ in the types of clients they usually serve. A snap shot of the type of clients that were served in each region in 1997 is provided in Table V-2, which gives the number of clients whose files were closed in 1997 by region and disability. The distribution of case closures across regions for 1997 is graphically portrayed in Exhibit V-4.

Table V-2
Number of Clients by Disability and Region for files closed in 1997

Disability	Fraser Valley	Interior	Lower Mainland	North	Vancouver Island	Grand Total
Sensory	68	23	82	34	86	293
Cognitive	69	33	48	40	104	294
Psychiatric	94	23	145	14	91	367
Nervous System	53	22	40	25	54	194
Physical	145	54	134	74	238	645
Chronic Illness	136	57	82	39	163	477
Total	565	212	531	226	736	2270

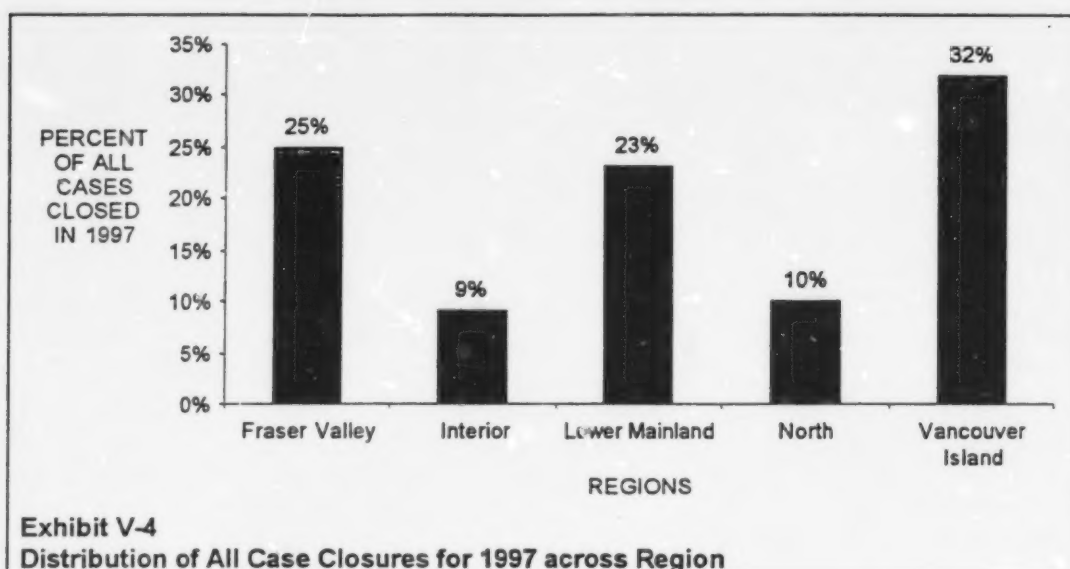


Table V-3 gives the distribution of clients across disabilities within a region, by showing the percent of all client files closed in the region in 1997 that fall within each disability group. Although clients with physical disabilities represented the largest group overall, this was not true in the Lower Mainland, where there were as many clients with psychiatric disabilities. Clients with chronic illness were the second largest group overall, but this was not true in every region. The smallest group overall was the group of clients with disabilities that were due to the nervous system. This was also the smallest group for every region except the North.

Table V-3
Distribution of Case Closures for 1997 by Disability within each Region

Disability	Fraser Valley	Interior	Lower Mainland	North	Vancouver Island	Overall
Sensory	12%	11%	15%	15%	12%	13%
Cognitive	12	16	9	18	14	13
Psychiatric	17	11	27	6	12	16
Nervous System	9	10	8	11	7	9
Physical	26	25	25	33	32	28
Chronic Illness	24	27	15	17	22	21

Other Factors

Case load is not a complete indicator of the work load of VRS Consultants, since VRS Consultants have other responsibilities that vary from region to region. In some regions, there are a number of agencies and service providers that have contracts with VRS to provide service to VRS clients, or people who are eligible for VRS service but who may not have applied directly to VRS. The number of contracted service providers varies considerably across regions. These, and other differences, are summarized in Table V-4.

Table V-4
Characteristics of Regions in Relation to Service Delivery

Region	Feature	Description
Fraser Valley	Case load	▪ Large case load and waitlist (close to 3 months) ▪ 39% increase in active cases since 1993
	Service	▪ 5 VRS Consultants across 4 offices (Abbotsford, Coquitlam, Surrey, Langley) ▪ 8 contracted service providers ▪ Shortages of all services in some areas ▪ May need to send client to another area/region for specialized assessment
	Geography	▪ Large area, but travel not a factor for VRS Consultants
	Miscellaneous	▪ High ESL population ▪ High unemployment rate
Interior	Case load	▪ Moderate case load ▪ Small waitlist; but can be six months on waitlist ▪ 85% increase in active cases since 1993
	Service	▪ 4 VRS Consultants across 4 offices (Cranbrook, Kamloops, Kelowna, Vernon) ▪ 10 contracted service providers ▪ Shortage of assessment services for some disabilities, as well as placement services and supportive employment ▪ Shortage of professionals to do vocational assessments with knowledge of the local labour market ▪ Shortage of placement services for people with head injury or psychiatric disabilities ▪ May need to send client to another area/region for service
	Geography	▪ Clients often leave community for specialized training ▪ Large area; overnight travel required for VRS Consultants ▪ Lot of time spent driving by VRS Consultants ▪ Travel Budget too small to meet need ▪ Weather can be a factor in winter
	Miscellaneous	▪ Use phone and fax for client contact when possible
	Case load	▪ Moderate caseload ▪ Very small waitlist; less than a month ▪ 23% increase in active caseload since 1993
	Service	▪ 6 VRS Consultants in one office (Vancouver) ▪ 23 contracted service providers ▪ Service and training readily available in region
	Geography	▪ Geography and weather not a factor
	Miscellaneous	▪ VRS Consultants can case conference to determine how to best meet client needs
Lower Mainland	Case load	▪ Moderate caseload ▪ Very small waitlist; less than a month ▪ 23% increase in active caseload since 1993
	Service	▪ 6 VRS Consultants in one office (Vancouver) ▪ 23 contracted service providers ▪ Service and training readily available in region
	Geography	▪ Geography and weather not a factor
	Miscellaneous	▪ VRS Consultants can case conference to determine how to best meet client needs

Table V-4 (continued)
Characteristics of Regions in Relation to Service Delivery

Region	Feature	Description
North	Case load	▪ Small caseload and spread over large area ▪ Waitlist is small, but can take three months ▪ 63% increase in active caseload since 1993
	Service	▪ 2.5 VRS Consultants across 3 offices (Terrace, Prince George, Dawson Creek) ▪ 2 contracted service providers ▪ Shortage of assessment specialists and placement services ▪ Clients often have to leave centre or region for service or training, especially those in smaller centres
	Geography	▪ Large area and clients spread out geographically ▪ Overnight travel required of VRS Consultants ▪ Weather can be a factor in winter
	Miscellaneous	▪ Too few clients of any one disability in any area to justify contract service providers ▪ Rely on telephone and fax to reduce need to travel
Vancouver Island	Case load	▪ High case load and very large waitlist ▪ Can be six months on waitlist ▪ 67% increase in active cases since 1993
	Service	▪ 5 VRS Consultants across 3 offices (Victoria, Nanaimo, Courtenay) ▪ 11 contracted service providers ▪ Shortage of specialists in job placement for people with disabilities ▪ Shortage of service for some groups, such as head injury ▪ More shortage of service providers in the north, especially assessment ▪ Can be waitlists for training in the south ▪ Clients need to leave the north for training
	Geography	▪ Geography and weather can be a factor in the northern part of the Island ▪ Travel is a factor in the north
	Miscellaneous	▪ People with disabilities often move to Victoria due to better weather or for placement in PSTP ▪ Greater skill required for employment in Victoria and unemployment rate is higher

Where there are a lot of contracted service providers, the VRS Consultant generally provides less direct service to clients. In these areas, the Consultant does more case management and contract monitoring instead. In other areas, where there are fewer service providers on contract, the VRS Consultant provides more direct service to VRS clients, but has fewer contracts to monitor and fewer cases to manage. In some areas, the

VRS Consultants must travel across a large territory to provide direct service to clients, whereas in other areas no travel is required.

Regions also vary in the extent that geography and weather affect service delivery. In some regions, VRS Consultants must travel to other centres in the region to provide service when needed. Some Consultants have great distances to travel. In some regions weather can affect travel in the winter, causing delays in providing service to outlying areas. Table V-4 provides a summary of some of the key differences among the regions. It should be noted that there can be marked differences within a region as well, only some of which are captured in the table.

Service Provision

Regions differ in the nature of the services that are provided to clients. To examine this, information was obtained for the sample of VRS clients selected to be surveyed for this evaluation. The 300 were randomly selected from the clients whose files were closed in the last half of 1997, as either "complete" or "incomplete". Files closed as "rejected" were not included. The sample was selected so that 60 clients were selected from each of the five regions, with 10 clients selected from each of the six disability groups within the region.

Information was collected from VRS Consultants about their former VRS clients in the sample. Information collected included the services each client received. Of the 300 clients in the sample, 232 had received at least one service from VRS (in addition to a medical assessment). Although no clients in the sample had been rejected as ineligible, eligibility had never been established for many because the client had not shown up for the intake interview. There is no way to know how many of the 68 clients in the sample who did not receive any service from VRS would have been eligible.

The services clients received varied across regions and across disability groups. Table V-5 provides information on the number of clients in the sample who received VRS services. The table also show the percentage of clients in each region who received service out of the number in the sample. Clients in the Fraser Valley, Lower Mainland and North regions were more likely to have received at least one service from VRS, than were clients from the Interior or Vancouver Island.

The likelihood of receiving service depended on the clients' disability, as well as the region in which they were living, as is portrayed in Table V-6. Overall, clients with a cognitive disability were more likely than others to receive at least one service from VRS, while clients with a psychiatric disability were least likely to receive even one service from VRS. This overall pattern did not hold in each region, however. Given the small sample size of ten, findings at this level (disability group within region) should be interpreted with caution.

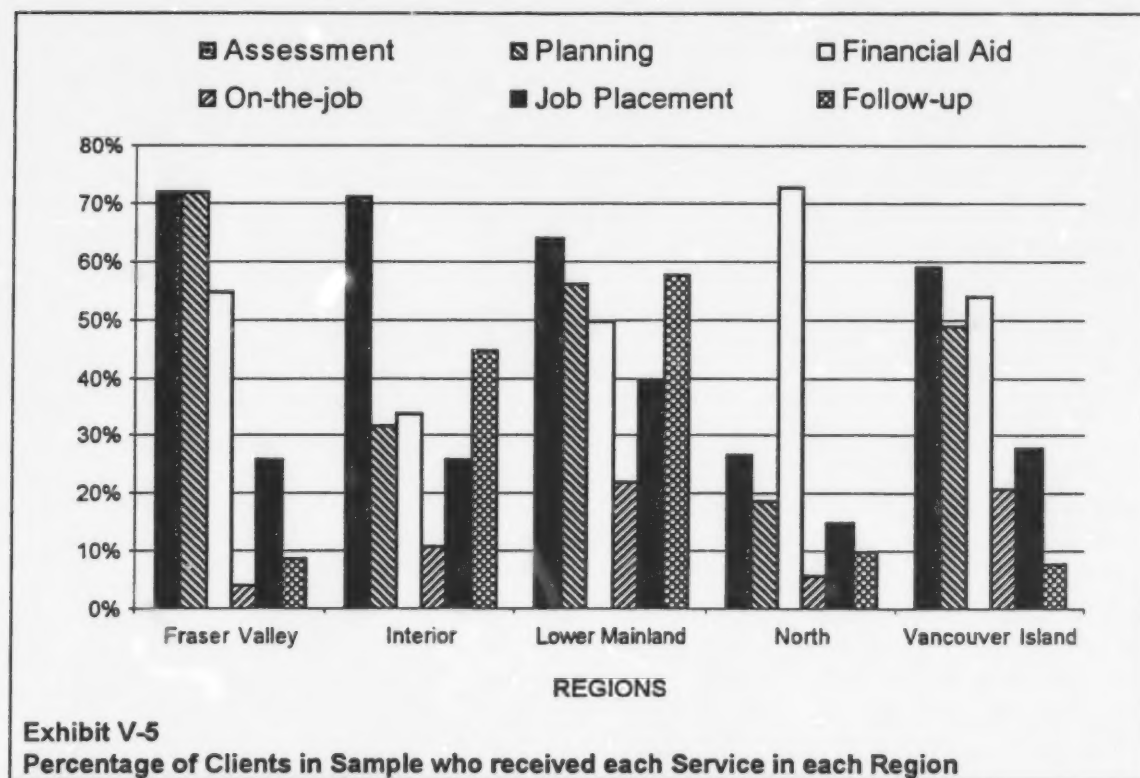
The likelihood of receiving any specific service varied across regions and disability groups. Exhibit V-5 shows, for each region, the percentage of clients in the sample who received each of the following services: assessment, planning, financial aid, on-the-job training, job placement support and follow-up services. Exhibit V-6 shows this for each disability group.

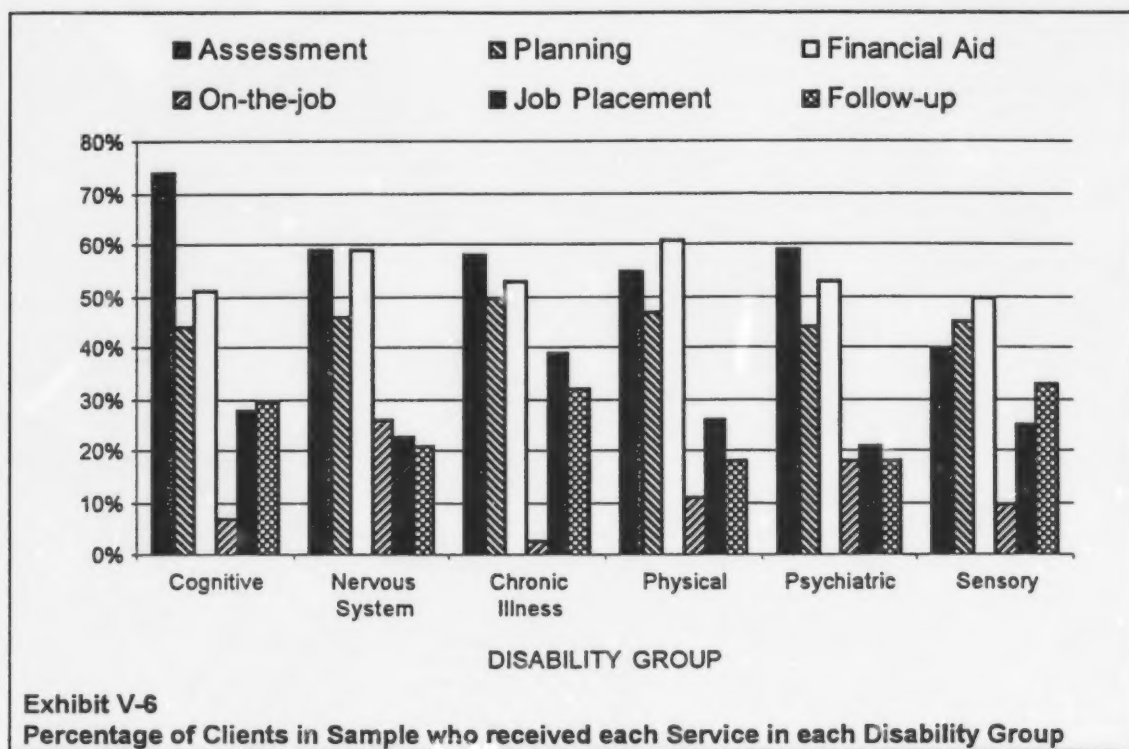
Table V-5
Clients in Sample in each Region who received VRS Services

Region	Number Who Received Service	Percent Who Received Service
Fraser Valley	53	88%
Interior	38	63
Lower Mainland	50	83
North	52	87
Vancouver Island	39	65
Overall	232	77

Table V-6
Percent of Clients in Sample by Disability and Region who received VRS Services

Region	Cognitive	Nervous System	Chronic Illness	Physical	Psychiatric	Sensory
Fraser Valley	80%	100%	80%	90%	90%	90%
Interior	80	60	70	80	40	50
Lower Mainland	100	90	80	70	60	100
North	100	80	90	80	80	90
Vancouver Island	70	60	60	60	70	70
Overall	86	78	76	76	68	80





VRS Consultants differ in how they make decisions about whether or not to provide a service. These variations in how service is provided are described in the sections below for each of the following VRS service components:

- intake
- assessment
- career planning
- financial aid for training
- adaptive technology
- employment services
- case closure

Also provided are the number of clients in the sample in each region, who received each service.

Intake

The intake process can be handled by a contractor or by the VRS Consultant, with or without involvement by the office administration staff. The following describes the various aspects of the intake process and the different ways each is handled across the province for clients who apply for service directly to VRS.

Prescreening: Some VRS Consultants pre-screen potential applicants before they are given an application form, to determine potential eligibility and ensure the applicant is interested in the services that VRS can provide. This may be done by telephone or during an pre-intake interview.

Application form: Application forms are either sent out by administrative staff, the VRS Consultant of the intake contractor, or given to the applicant during the pre-intake interview. In some offices, the VRS Consultant may assist the applicant in completing the application form.

Medical release form: Some offices give the medical release form to the applicant at the same time that the application form is given to the applicant. Others do not give out the medical release form until they have received a completed application from the applicant. Intake contractors have the applicant sign the medical release form before referring the client to VRS.

Intake by a contractor: In some areas, the intake process is handled completely by a contractor, who pre-screens for appropriateness for VRS and if appropriate, assists the applicant in completing the application form and sends the completed application and the signed medical release form to the VRS office. This contractor may also be assessing people for Human Resource Development of Canada programs and for the training and employment programs of the Ministry. The intake contractor may refer eligible applicants directly to VRS or to a agency providing services on contract to VRS. The contractor may refer the applicant for assessment before sending the application to VRS.

Medical assessment: Some offices require that the applicant give their doctor the medical release form and request the medical assessment to be sent to VRS. Other offices send the signed release form to the doctor directly.

File Opening: Some offices open a file for the new applicant and assign a client identification number as soon as a completed application is received. Then the medical release form is sent to the client to be signed and forwarded to the doctor. Other offices open the file and assign a client identification number only after both the completed application form and the signed medical release form have been received.

Waitlisting: Some offices assign a client to the wait list when the completed application is received, while waiting for the medical assessment from the doctor. Others put the applicant on the wait list before the medical release form has been given to the applicant when there is a backlog of applicants to be interviewed. When the applicant comes to the top of the waitlist, he or she is sent the release form to sign and his or her name is taken off the wait list. In other cases, particularly for clients who live in areas where the VRS Consultant must visit, the client is entered on the wait list when the application form is received and remains on the waitlist until the Consultant can see the client. One office that uses an intake contractor puts the applicant on the waitlist when the applicant is sent to the intake contractor to develop an action plan for the client. The client remains on the waitlist until the action plan is received by VRS.

The differences in when applicants are entered in waitlist in the database can be one of the factors causing the differences in how long an applicant is on the waitlist. VRS Consultants report that it can take up to six months to get the medical assessment from the applicant's doctor. Some offices no longer send the request directly to the doctor, because the doctor often ignores the request expecting that the applicant will make an appointment to do the medical assessment. The medical assessment does not require an examination, so there is no need for the client to make the appointment. In other cases, the wait is caused by delays in the applicant taking the form to the doctor. Some applicants never provide this information and their file is eventually closed as incomplete. In these cases, eligibility has never been established.

Scheduling intake interview: Once the office has received the medical assessment, the intake interview may be scheduled by sending a letter to the applicant, or through a telephone call. Some VRS Consultants schedule their own appointments, while others have the administrative staff in the office schedule all appointments with clients and new applicants.

Intake interview: One purpose of the intake interview is to determine eligibility for VRS. Sometimes additional assessments are needed to establish eligibility. When needed, these are ordered by the VRS Consultant and an additional interview is conducted before eligibility is determined.

For clients who were not pre-screened, the intake interview is also used to explain the nature of VRS services to the applicant and determine their interest in these services. Some VRS Consultants use the initial intake meeting to pre-screen and where the applicant is appropriate, to assist the applicant in completing the application form, and have the applicant sign the medical release form at the same time. Some offices only do an initial intake interview when eligibility is uncertain; when eligibility is clear, the client may be sent directly to a contractor for assessment and career planning, following a telephone interview with the VRS Consultant.

Typically, the intake interview is used to collect background information on the applicant, including impact of the disability on training and employment, prior training and employment history, sources of income and support, whether previous assessments exist, and to determine whether additional assessments are needed. Some VRS Consultants have two intake interviews, a pre-intake interview before the person has completed an application, and the second one after the medical assessment has been received.

Exhibit V-7 shows the intake and rejection rates from 1993 to 1997. Although the number of files opened increased from 1993 to 1995, the rejection rate actually decreased over this time period. The rejection rate was at ten percent in 1993; it went down to five percent in 1995 and then up to seven percent in 1997. The actual number of files that were opened and rejected in 1997 is provided in Table V-7 for each region and disability group.

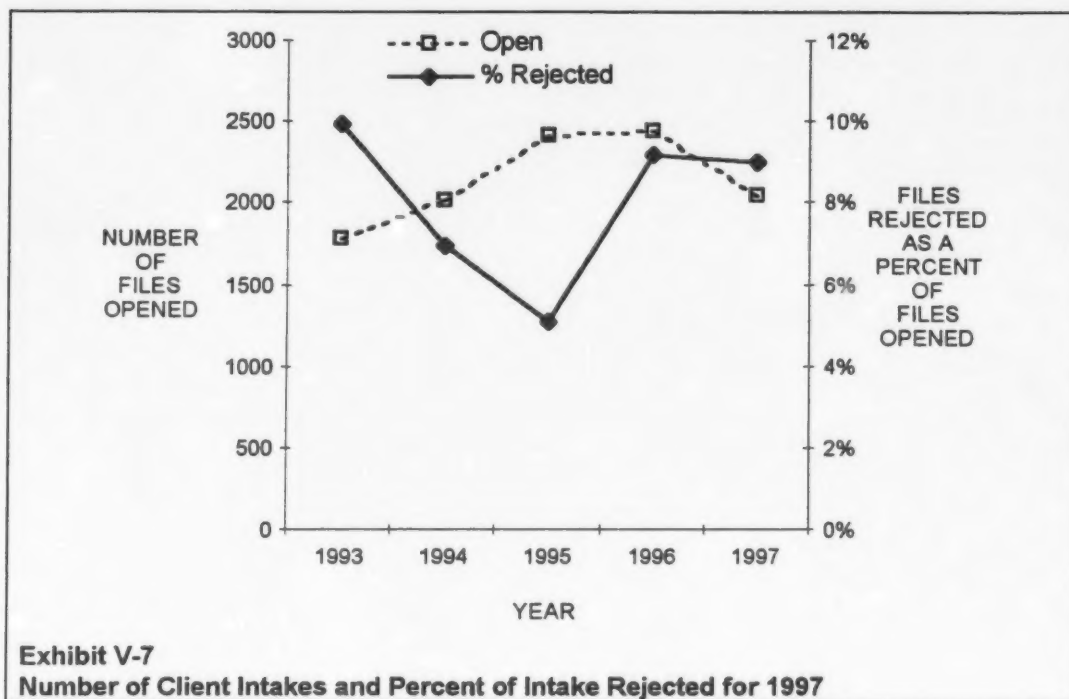
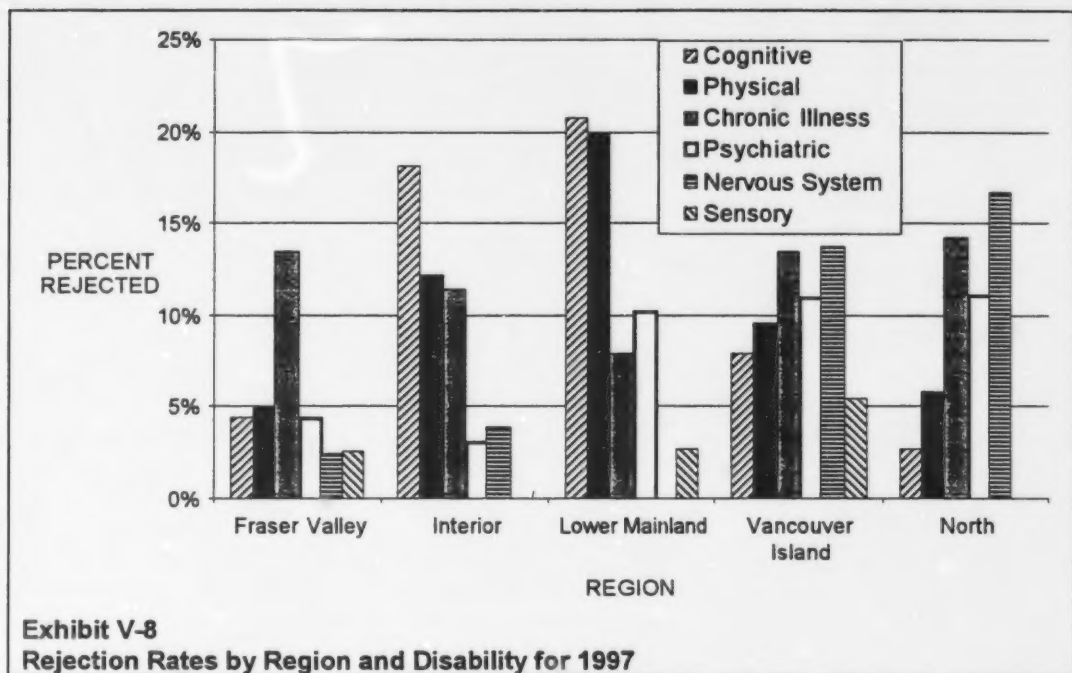


Table V-7
Number of Rejected and Open Files in Each Region in 1997 by Disability

Disability		Fraser Valley	Interior	Lower Mainland	Vancouver Island	North	Overall
Not Defined	Rejected			9		3	12
	Open	11	1	49	2	9	72
Sensory	Rejected	2		2	4		8
	Open	79	46	72	73	19	289
Cognitive	Rejected	4	10	6	7	1	28
	Open	90	55	29	88	36	298
Psychiatric	Rejected	6	1	11	9	1	28
	Open	136	32	107	82	9	366
Nervous System	Rejected	1	1		7	2	11
	Open	40	26	21	51	12	150
Physical	Rejected	6	9	18	17	2	52
	Open	119	74	90	178	34	495
Chronic Illness	Rejected	15	8	5	14	4	46
	Open	111	70	63	104	28	376
Overall	Rejected	34	29	51	58	13	185
	Open	586	304	431	578	147	2046

Exhibit V-8 portrays the rejection rate by region and disability for 1997. It shows that rejection rates vary considerably from region to region and across disability groups. Applicants with sensory disabilities are least likely to be rejected in each region. The

disability group that was most likely to be rejected depended on the region; clients with physical disabilities were rejected more than other groups in the Lower Mainland and the Interior, while they were seldom rejected (proportionately) in the North or the Fraser Valley. Applicants with nervous system disorders or chronic illnesses were rejected more than other groups in the North and on Vancouver Island.



Assessment

Formal assessment can be obtained to assist in identifying clients' abilities and the implications of their disability on training and employment. The typical assessments that are used by VRS are psychological/vocational, learning disability, work adjustment and work capacity assessments. VRS Consultants vary considerably in the extent to which they use formal assessments. Some rarely use formal assessments while others almost always use them. It is now the policy of the Lower Mainland region to have formal assessments done on most new applicants. Typically, VRS Consultants will order assessments when:

- the client does not have a good understanding of the impact of his or her disability, or the client's career potential;
- the client's goal may not seem feasible;
- more information is needed about the impact of the disability or about the client's career potential; or
- the client has a head injury, or learning disability and an assessment is needed to establish eligibility.

Of the 300 clients in the sample, 232 received some service from VRS, in addition to medical assessment. Out of the 232, 134 received assessment services. The percentage of clients in the sample within each region and each disability group who had received assessment services is provided in Table V-8 and 9, respectively. These tables also include the percentage of clients served who had received only assessment and no other services. Overall, 58% of clients in the sample who had received at least one service, had received an assessment, and 13% had received only an assessment. Thirty of the 232 clients had only received assessment services. The data in Table V-8 indicate that there was a considerable range in how often assessments were used, from 72% of clients in the Fraser Valley, to 27% of clients in the North. One factor that likely affects the frequency of using formal assessments is the availability of these services. In the North there is a shortage of professionals who do assessments and assessments are used for only a minority of clients.

Table V-8
Percent of Client Sample within each Region who received Assessments

Region	Assessment	Assessment Only
Fraser Valley	72%	8%
Interior	71	29
Lower Mainland	64	10
North	27	4
Vancouver Island	59	21
Overall	58	13

Table V-9 demonstrates how the range of clients receiving assessment also varied across disability groups; clients with a cognitive disability were more likely than others to have had an assessment (74%), whereas clients with a sensory disability were least likely to have had an assessment (40%). The difference likely reflects, at least in part, the difference in the need for assessment. Generally an educational assessment will be needed for clients with a cognitive disability to establish eligibility. An assessment is less likely to be needed to establish eligibility for clients with other disabilities.

Table V-9
Percent of Client Sample in each Disability group who received Assessments

Disability	Assessment	Assessment Only
Cognitive	74%	19%
Nervous System	59	8
Chronic Illness	58	16
Physical	55	11
Psychiatric	59	31
Sensory	40	5

Career Planning

Career planing entails completing a career plan, and if VRS is supporting the plan with the provision of goods or services, also completing a Career Plan Contract (formerly

known as an Individual Rehabilitation Training Plan). Completing the career plan involves research to determine the suitability of the career goal for the individual. This can include the use of labour market information to establish that there is employment potential, and to identify the type of training required for employment. The plan to acquire any necessary training, and the associated costs are also identified through the research process.

Different VRS Consultants use different criteria in determining when to provide assistance in developing the career plan. Depending upon the VRS Consultant, assistance may be provided, either through a contractor or directly, if the client is hesitant about the career plan, not emotionally ready, has a disability that may make it more difficult to complete the plan, or is not making progress in developing the plan. Some VRS Consultants provide assistance, either directly or through a contractor, for most of their clients. Some VRS Consultants expect clients to complete the career plan on their own and rarely provide assistance. Some may provide assistance only when the client is having difficulty completing the plan.

Depending on their case load, a VRS Consultant may be too busy to spend the time required to assist a client in developing their career plan. In some areas, the client may be referred to a contractor for assistance in career planning. Often this is the same contractor that did the vocational assessment. Generally, clients are encouraged to do as much as they can on their own; the contractor is there to provide guidance, not to develop the plan. Sometimes clients are referred to colleges or to HRDC career seminars to obtain information to complete the plan.

Out of the 232 clients in the sample who received VRS services, 107 received career planning services. Tables V-10 and V-11 provide information on the percentage of clients in the sample who received planning services through VRS. The percent varied considerably across regions, from 19% in the North, to 72% in the Fraser Valley. Overall, slightly less than half the clients in the sample received planning services from VRS. The percentage that received planning services was similar for each disability group, as shown in Table V-11.

Table V-10
Percent of Client Sample within each Region who received Planning Services

Region	Planning
Fraser Valley	72%
Interior	32
Lower Mainland	56
North	19
Vancouver Island	49
Overall	46

Table V-11**Percent of Client Sample in each Disability group who received Planning Services**

Disability	Planning
Cognitive	44%
Nervous System	46
Chronic Illness	50
Physical	47
Psychiatric	44
Sensory	45

Financial Aid for Training

VRS can provide funding for tuition and books, and training related supplies and transportation. This is a commonly used service, with 126 clients in the sample receiving some financial aid for training. The percent who received training aid by region and by disability group, is provided in Tables V-12 and V-13, respectively.

Table V-12**Percent of Client Sample within each Region who received Financial Aid**

Region	Financial Aid	Financial Aid Only
Fraser Valley	55%	4%
Interior	34	11
Lower Mainland	50	4
North	73	42
Vancouver Island	54	8
Overall	54	14

Table V-13**Percent of Client Sample in each Disability group who received Financial Aid**

Disability	Financial Aid	Financial Aid Only
Cognitive	51%	14%
Nervous System	59	21
Chronic Illness	53	13
Physical	61	16
Psychiatric	53	12
Sensory	50	10

Training funding can only be provided by a VRS Consultant, but VRS Consultants do not use the same criteria when deciding whether or not to provide funding for training. No formal means test is required; some VRS Consultants will provide financial aid as long as the training is approved, and point out that most clients generally need the aid. Some will ask clients to pay for some of the training, if they can afford to, or ask them to pay for the first term before providing VRS funding. A VRS Consultant may not provide funding if the client has had VRS support in the past, and now wants to change careers, or did not complete the previously funded training. One VRS Consultant will provide tuition only

if the training is not covered under the student loan program, whereas others will provide tuition funding when the client has a student loan. Sometimes, the budget can run out near the fiscal year end, and the client will have to wait until next fiscal year begins for funding approval.

Adaptive Technology

As defined earlier, adaptive technology is technical equipment that reduces the effects of a disability on training or employment. VRS clients can go through the VRS Consultant to get access to adaptive technology, or, if they are students at a college in British Columbia, they can go through the college for services from the Adult Services Project of SET-BC, which will loan technology to them while they are in training.

Usually, before technical equipment is provided, some type of assessment is done to determine what technical equipment is needed. If the Adult Services Project is supplying the technology, they can also do the assessment. Sometimes the assessment is done by the professional who did the vocational assessment, or by an agency with expertise in this area. In other cases no formal assessment is done; the determination is based on the experience of the VRS Consultant. Some assessments are done by the special needs coordinator at the college where the client is in training. Usually, in these cases, the VRS Consultant is not involved; the client is served directly by the Adults Services Project. In rare cases, the assessment is done by a private sector company that sells computer technology. VRS Consultants vary in who they use to do assessments. Some never use Adult Services while others use them regularly. Some do most of the assessments themselves.

Tables V-14 and V-15 provide a breakdown by region and disability group, respectively, of the percentage of clients in the sample who had received a technical needs assessment, loan of adaptive technology, or purchase of technology. The numbers are quite low; only 15 clients overall had received a needs assessment, 10 clients had had adaptive technology loaned to them, and 26 clients had had adaptive technology purchased for them. The number of clients who had had technology loaned to them may be so low because the client, if a student, can get the service through the college and does not need to involve the VRS Consultant, who may not even know that the client has had equipment loaned to them.

Table V-14
Percent of Client Sample within each Region who received Technology Services

Region	Technical Needs Assessment	Loan of Adaptive Technology	Purchase of Adaptive Technology
Fraser Valley	9%	11%	8%
Interior	3	0	3
Lower Mainland	16	4	18
North	0	0	21
Vancouver Island	3	5	3
Overall	6	4	11

Table V-15
Percent of Client Sample with each Disability who received Technology Services

Disability	Technical Needs Assessment	Loan of Adaptive Technology	Purchase of Adaptive Technology
Cognitive	0%	0%	0%
Nervous System	5	3	10
Chronic Illness	8	3	18
Physical	3	8	5
Psychiatric	0	0	0
Sensory	23	13	33

The percentage who had had adaptive technology purchased for them is not completely accurate. These numbers come from the information supplied by the VRS Consultants. In some cases, hearing aids were included in the purchase of adaptive technology. This is evident in Table V-15, which indicates that 33 percent of the clients in the sample with a sensory disability had had adaptive technology purchased for them. For the purposes of this program, a hearing aid would be a restorative good, not adaptive technology.

It is the policy of VRS that adaptive technology will not be purchased for the client, unless there is no other option, that is, it is not supplied by the Adult Services Project, and the client is not eligible for either SOG or APSD support.¹ However, this policy is not followed by all VRS Consultants.

The Adult Services Project does not provide all technical equipment that might be needed. In the past, it did not provide printers or non-adaptive software, for instance. In many instances, the VRS Consultant would purchase the printer and software for the client so they would have a functioning system. Adult Services Project is a loan bank, but it cannot loan equipment on an indefinite basis. Hence it has the policy that technology used for employment can only be loaned for one year. After one year, either the client or the employer is expected to purchase the technology at the current market price. In some cases, the VRS Consultant has purchased the technology from the Adult Services Project for the client. Because of this policy, at least one VRS Consultant will not refer clients to the Adults Services Project. Instead, this VRS Consultant purchases technology for the client.

Some of the other VRS Consultants will purchase technology rather than use the Adult Service Project if they want the technology quickly, or if a computer is needed by the client, but cannot be justified to remove a barrier caused by the disability. This practice is also not consistent with VRS policy.

Comments made by VRS Consultants about the provision of adaptive technology revealed that there is a lack of understanding about the Adult Services Project. It is clear from what some respondents have said, that some do not realize that the Adult Services Project is part of a provincially funded program. Instead, it appears to be viewed as a community-based service provider. The services that the Adult Services Project can

¹ See pages 6-7 for a description.

provide are not fully understood either. Some did not realize that Adult Service could provide technical needs assessment, for example.

There are concerns expressed by some VRS Consultants that the Adult Services Project does not have enough staff to meet the need for training and support, especially in areas outside the Lower Mainland. Another concern is that Adult Services will provide training only in the use of the adaptive technology, but not in how to use a computer in general. There is also the concern over the time it can take to get technology to the client. Others use the Adult Services Project on a regular basis and are satisfied with the service their clients have received.

Employment Services

Employment services are a range of services that are intended to assist clients in obtaining or keeping employment. If a client is employed, but having difficulty remaining employed due to a disability, they may be eligible for vocational crisis services. Vocational crisis services consist of any service that VRS can provide to a client that may help them keep employment. This could include adaptive technology, restorative goods or services, or modifications to the work site. Only eight clients in the sample received vocational crisis services. Five of these have a sensory disability, 2 have a nervous system disability and one has a physical disability. Five of the eight had had technology purchased for them, one had technology loaned to them and two had workplace modifications. Two had received financial aid for training, as well as job placement services, in addition to other services.

Clients who are not employed when they apply for VRS are also eligible for employment services, although many receive some training first. The most frequently used service after assessment, planning and tuition, is job placement. Job placement is done by a contractor, except in rare instances where the VRS Consultant may provide some job placement assistance. Job placement services can include resume preparation, training in job search skills, and assistance in finding a job. This can also include placement in an on-the-job training position, which is usually done by a placement contractor. Most on-the-job training positions are wage subsidized through either the Public Services Training Program or the Training Program for Disabled Persons.

Generally, on-the-job training is used for clients with no work experience, clients who would not be successful in a formal training situation, or when on-the-job training is the most appropriate way to get training for the particular job. A training plan agreement is drawn-up that specifies the type and amount of training that the employer will provide. The placement contractor or the VRS Consultant monitors the agreement to ensure that the client does receive the training. In some areas of the province, on-the-job training positions are also used to facilitate job placement, by using the wage subsidy to encourage employers to hire VRS clients.

Job placement services are used when clients are ready to look for work. VRS Consultants vary in the extent to which they use these services. Some only use them for clients who have a poor employment history, while others use them for most clients. Some VRS Consultants generally provide job placement services only for clients who are

going directly to job search, and are not taking training first. Sometimes job placement services are offered to the client, but the client declines the service. A number of VRS Consultants report that they are using job placement contractors more often now, whereas in the past they left it up to the client to come back for more support if they were having trouble finding employment following training.

Follow-up services are expected to be provided for three to six months after the client has completed their career plan and has obtained or is seeking competitive employment. The purpose of follow-up is to ensure that the client has any further services needed to stabilize their employment situation. This can include workplace modifications, adaptive technology or restorative goods or services. Most follow-up is provided, or expected to be provided, by the job placement contractor. Sometimes follow-up consists only of a letter from the VRS Consultant.

Out of the 232 clients in the sample who had received some services, 63 had had some job placement services, 28 had had some on-the-job training, and 57 had had some follow-up. Only four clients in the sample had had funding from VRS for workplace modifications, including the two who were in vocational crisis. Tables V-16 and 17 show the percent of clients who received on-the-job training, job placement or follow-up services by region and by disability group, respectively. The majority (76%) of clients who had received follow-up services, received these from the job placement contractor.

Table V-16

Percent of Client Sample within each Region who received Employment Services

Region	On-the Job Training	Job Placement	Follow-up
Fraser Valley	4%	26%	9%
Interior	11	26	45
Lower Mainland	22	40	58
North	6	15	10
Vancouver Island	21	28	8
Overall	12	27	25

Table V-17

Percent of Client Sample with each Disability who received Employment Services

Disability	On-the Job Training	Job Placement	Follow-up
Cognitive	7%	28%	30%
Nervous System	26	23	21
Chronic Illness	3	39	32
Physical	11	26	18
Psychiatric	18	21	18
Sensory	10	25	33

Case Closure

The VRS Consultant completes a case closure form when closing a client's file, indicating the reason for closing the file and the status of the client when the file is

closed. The administrative staff enters the status code into the database. Offices differ in when they close client files. Some close the file when the client has found employment or completed their plan and no other VRS services are required, or they have lost contact with the client. Other offices close the file when the client has been referred to an agency for service, but the client has not completed their career plan and they are expected to require VRS services in the future. In some cases, files have remained open long after the client has last received services because the VRS Consultant has been too busy with active clients to spend time doing the administrative work to close the file.

When a client's file is closed it is categorized as rejected, training incomplete, training complete, or vocational crisis. In addition whether or not the closure was initiated by the client or by VRS is indicated when the file is closed with the training incomplete. When the file is closed as training complete, the file is further classified as employed, unemployed or other to indicate what the client was doing when the file was closed.

Of the files closed from 1993 to 1997, excluding those that had been rejected, overall 41% had been designated as training complete. The percentage of clients who had completed training when their file was closed varied considerably from region to region, as is indicated in Exhibit V-9. The percentage who had completed training also declined from an overall rate of 45 percent in 1993 to 37% in 1997. This decline occurred in most, but not all regions. The percentage of closed files where training had been completed remained constant for the Fraser Valley and only a minor decline occurred over the five years in the North and on the Island, although there were marked variations from year to year within this time period.

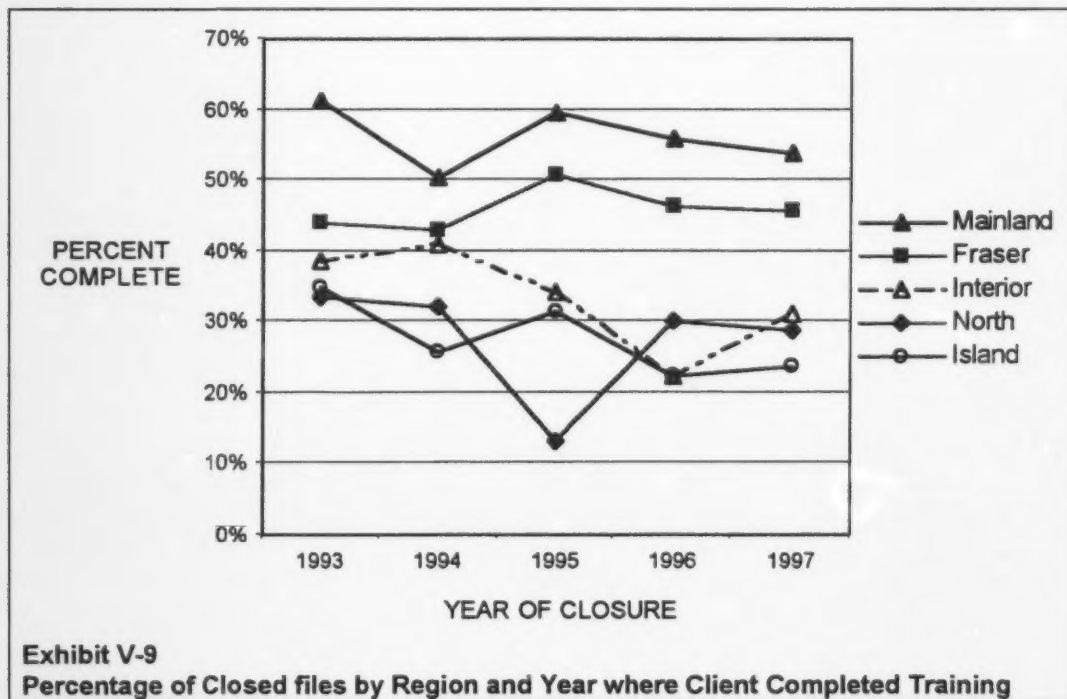


Exhibit V-10 provides the percentage of the files that had been closed where the client had completed the VRS plan, for each disability group in each year. This graph indicates that the rate of completing varied considerably across disability groups. In addition, the decline over the five year period was more marked for some disability groups than for others. During this time period, clients with a sensory disability were more likely to have completed their VRS training than were clients with other disabilities.

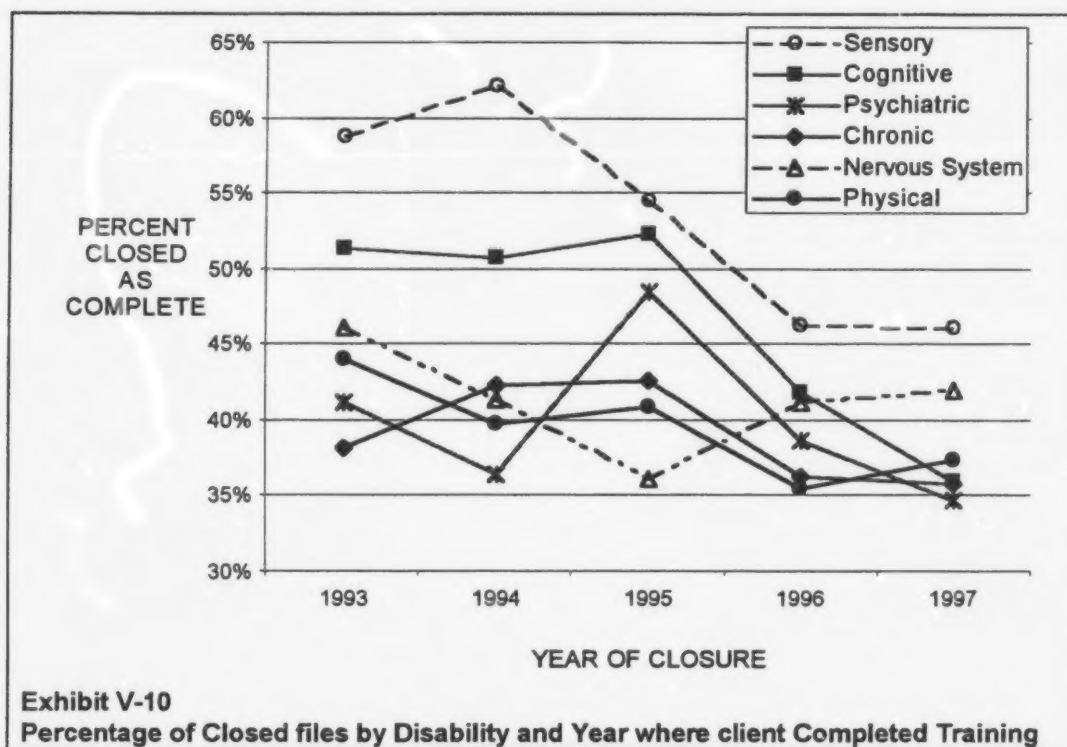
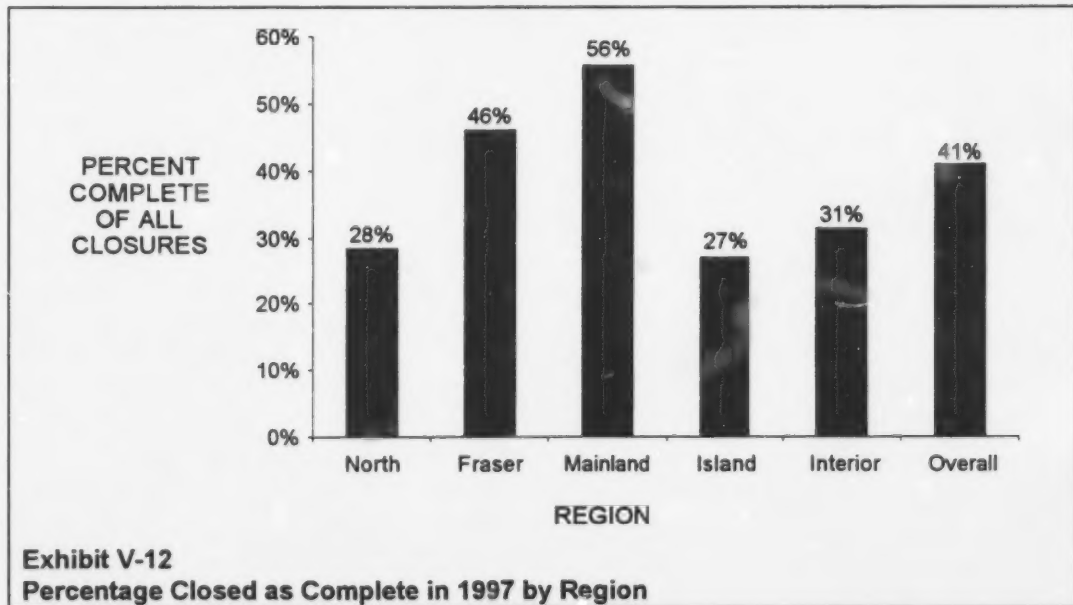
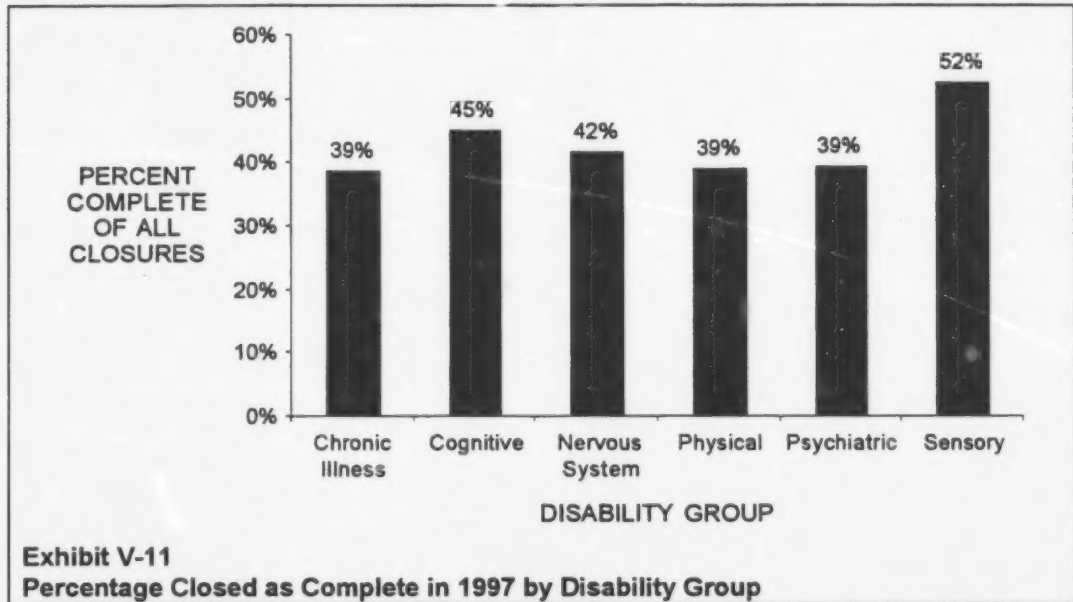
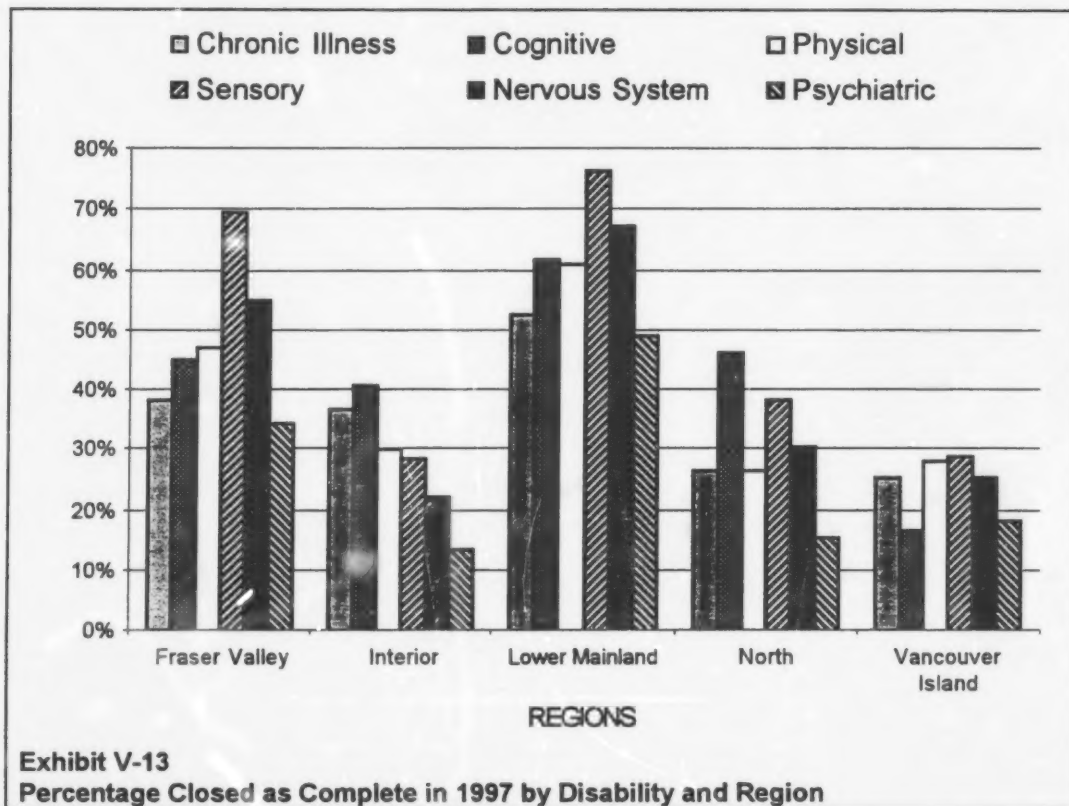


Exhibit V-11 provides a closer look at 1997, showing the rate of completing for each disability group. The group most likely to complete were clients with sensory disabilities, at 52 percent. Clients with either psychiatric, physical, or chronic illness disabilities were least likely to complete, at 39 percent. Rate of completion varied more across regions, however. These figures are portrayed in Exhibit V-12. Overall, 41 percent of files that were closed in 1997 were closed as complete. The rate varied from a low of 27 percent on Vancouver Island to a high of 56 percent for the Lower Mainland.

Although this overall pattern across regions tended to hold, there were some variations for some disabilities groups within a region. Exhibit V-13 shows the percent of the files that were closed where the plan had been completed for each disability group within each region, in 1997. In each region, clients with sensory disabilities were most likely to have completed, and clients with a psychiatric disability were least likely. The rate of completion varied considerably across regions, however. For clients with a sensory disability, 70 percent of those in the Lower Mainland had completed training compared to only 29 percent in the Interior and on Vancouver Island. For clients with a psychiatric disability, 49 percent in the Lower Mainland had completed, and only 14 and 15 percent,

respectively, in the Interior and the North. For the Fraser Valley and the Lower Mainland, the second highest completion rate was for clients with a nervous system disability, and the completion rates for clients with either a cognitive or physical disability were equal. This pattern did not hold for the other regions, where, in two out of the three regions, clients with a cognitive disability were the second most likely group to have completed.





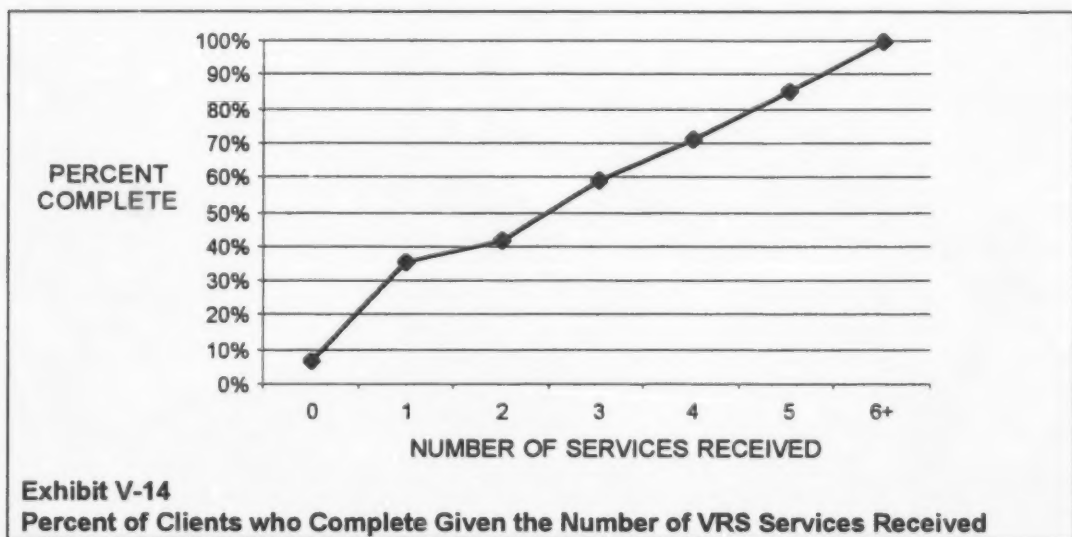
The reasons for the different rates of completing training may be due to the differences, described earlier, in the level of service that is available in each region for each disability group or differences in the services that VRS Consultants provide to clients. To examine this possibility, the sample data were analyzed to see if the likelihood of completing was related to the services received, using the information provided by the VRS Consultants as to what services each client in the sample had received.

Of the 300 former VRS clients in the sample, 232 had received some service from VRS. Of the 232 who had received some service, 119, or 51 percent, had completed when their file was closed. Table V-18 provides the data on the number of clients in the sample who received each type of service, and the likelihood that the clients had completed the VRS training plan by the time their file was closed. The percentage complete is higher for the sample, at 51 percent, than for the population of files closed in 1997, which was 37%. However, when the entire sample of 300 is considered, ignoring whether or not the client had received any service, the percentage who had completed was 41%, which is similar to the population percentage. Since the data base does not contain information on the services the clients had received from VRS, it is not possible to determine how many in the population had received service.

Table V-18
Percentage of Clients who Completed in Relation to Services Received

Service	Received service		Did not receive service	
	# of clients	% completed	# of clients	% completed
Assessment	134	50%	98	53%
Planning	108	57	124	46
Tuition	126	61	106	40
On-the-job Training	28	75	204	48
Job Search	63	70	169	44
Follow-up	59	69	173	45
Overall	232	51	68	7

The data in Table V-18 shows that the likelihood of completing was related to the service the client had received. Whether or not a client had received assessment had no relation to the likelihood that they had completed. However, clients who had received planning, tuition, on-the-job training, job placement or follow-up services were more likely to have completed than were clients who had not received each of these services. The biggest single predictor of completing was on-the-job training, followed by job placement and follow-up services. The more services a client received, the more likely they were to complete, as is depicted in Exhibit V-14. Since generally a training plan would require a number of services, those who complete have more of an opportunity to receive these services. Since assessment services are provided at the beginning, it is not surprising that receiving assessment services is not a predictor of completion.



The likelihood of completing the VRS plan is not strictly related to the number of services received, however. The pattern of service does also make a difference. Table V-19 provides a description of the six most common patterns of service received by the clients in the sample. The table also provides the number of clients who received this

pattern, and the percentage of clients who had received this pattern of service who had completed the VRS plan. In the six cases, completion was highest when both planning services and tuition had been provided, regardless of what other services had been provided.

Table V-19
Completion Rates for Typical patterns of service

Pattern of Service	# of clients	% who completed
Planning and tuition; no assessment, OJT, job placement or follow-up	11	64%
Assessment, planning and tuition; no OJT, job placement or follow-up	21	52%
Assessment and tuition; no planning, OJT, job placement, or follow-up	11	45%
Tuition only; no assessment, planning, OJT, job search or follow-up	35	43%
Assessment only; no planning, tuition, OJT, job placement, or follow-up	23	30%
Assessment and planning; no tuition, OJT, job placement or follow-up	21	29%

Overall, there were 61 clients who had received planning and tuition, regardless of what other services had or had not been provided; of these, 72 percent had completed. There were 65 clients who had received tuition, but no planning services; 54 percent of these had completed. There were 46 clients who had received planning services but not tuition (with or without some other services); 43 percent of these had completed. Of the 60 clients who had received some services, but no tuition or planning services, 37 percent had completed. This suggests that the provision of tuition and planning services increases the likelihood that the client will complete their vocational plan.

Cost of Service

The cost of providing service to VRS clients depends on a number of factors, including the nature of the client's disability and the region where the client was served. The biggest predictor of cost was whether or not the client completed training. Generally, less money was spent on clients who had not completed, than on clients who had completed. The average cost per client who had completed and had not completed, for each region, from 1993 to 1997, is provided in Tables V-20 and V-21, respectively.

Table V-20
Average Cost per Complete Closure by Region and Year

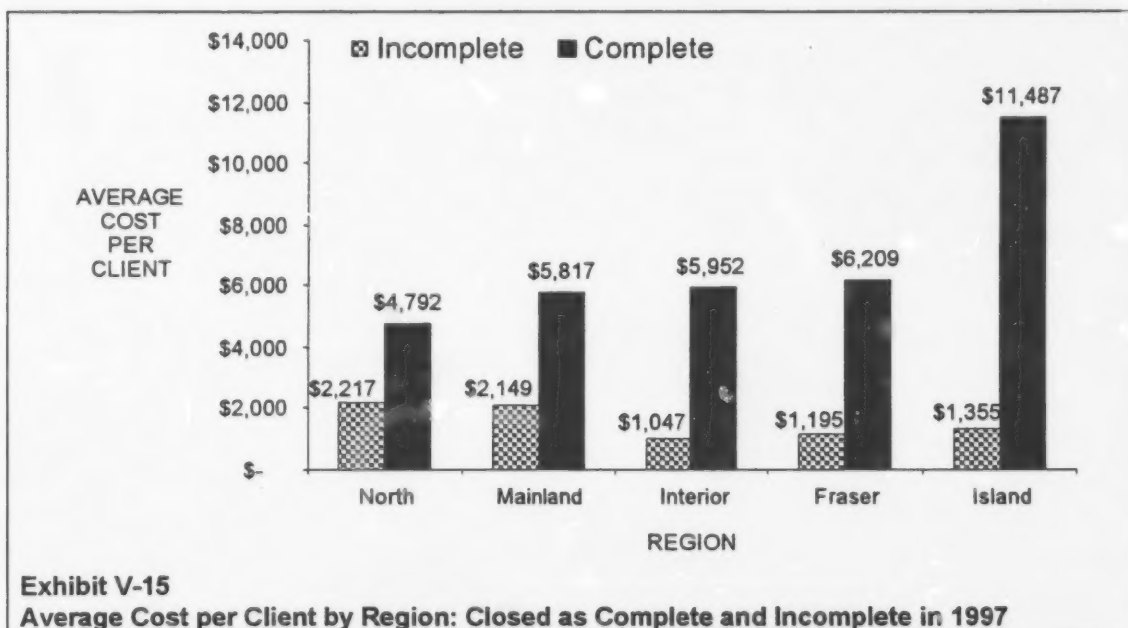
Region	1993	1994	1995	1996	1997	% Increase 1993 to 1997
North	\$3,012	\$10,050	\$3,713	\$5,713	\$4,792	59%
Fraser Valley	\$4,644	\$5,094	\$4,304	\$4,538	\$6,209	34%
Lower Mainland	\$3,647	\$4,394	\$4,120	\$5,943	\$5,817	60%
Vancouver Island	\$6,508	\$10,066	\$8,621	\$12,418	\$11,487	77%
Interior	\$2,858	\$4,929	\$6,600	\$9,436	\$5,952	108%
Overall	\$4,355	\$5,387	\$5,208	\$6,779	\$7,022	61%

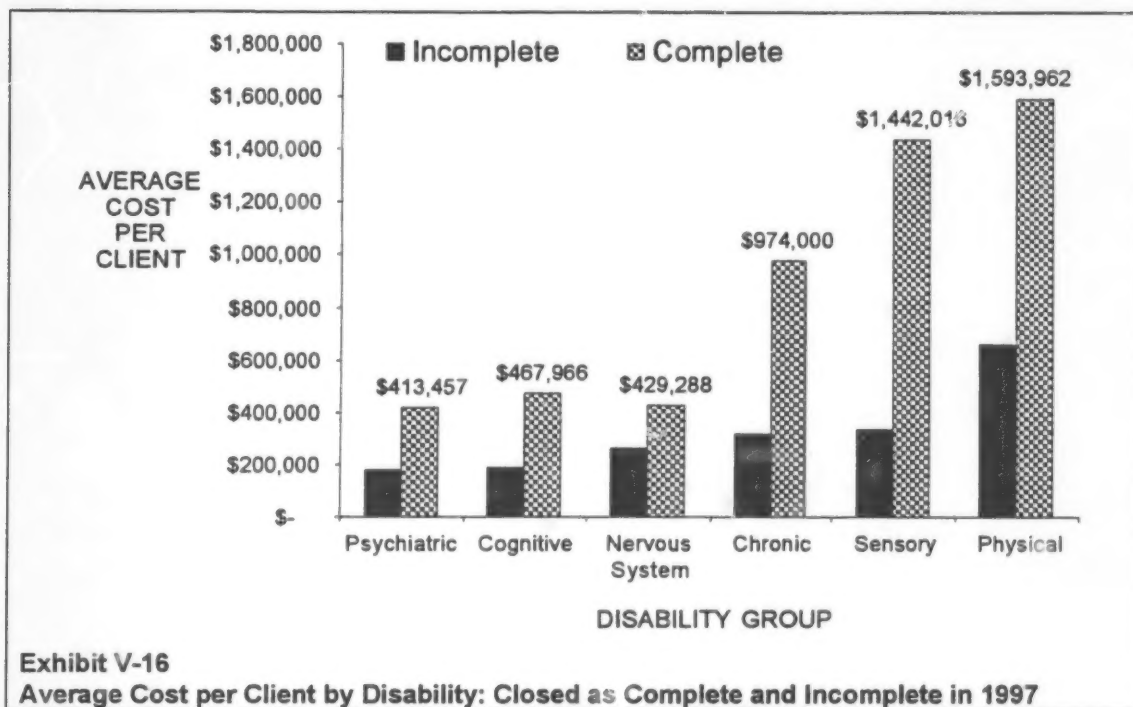
Table V-21
Average Cost per Incomplete Closure by Region and Year

Region	1993	1994	1995	1996	1997	% Increase 1993 to 1997
North	\$1,237	\$968	\$2,107	\$1,958	\$2,217	79%
Fraser Valley	\$993	\$1,102	\$1,925	\$2,014	\$1,195	20%
Lower Mainland	\$601	\$1,753	\$1,972	\$2,212	\$2,149	257%
Vancouver Island	\$990	\$1,582	\$1,299	\$1,272	\$1,355	37%
Interior	\$645	\$931	\$2,108	\$688	\$1,047	62%
Overall	\$898	\$1,433	\$1,775	\$1,558	\$1,535	71%

Overall, costs have increased from an average of \$4,355 per client who had completed in 1993, to an average of \$7,022 per client who had completed in 1997. This is a 61 percent increase over the five years. There was an increase of 71 percent over the same time period in the cost of providing service to clients who had not completed. In 1993, the average cost per client who had not completed was \$898, while in 1997 the cost had risen to an average of \$1,535.

The costs of providing service varied considerably from region to region, both for clients who had completed and those who had not. This range is graphically portrayed in Exhibit V-15, which shows the cost of providing service in each region for clients whose files were closed in 1997. Costs of clients who complete were lowest in the North, at \$4,792 and highest on Vancouver Island, at \$11,487. Costs of clients who did not complete were lowest in the Interior, at \$1,047 and highest in the North, at \$2,217. Average cost also varied by disability, with the highest average cost for providing service to clients with physical and sensory disabilities, and the lowest average cost for clients with cognitive, nervous system or psychiatric disabilities. This comparison is displayed in Exhibit V-16.





Using the sample data, it is possible to examine the cost per service delivered by VRS. The average cost per service varied across regions and across disabilities. These costs are presented in Tables V-22 and V-23, respectively, for the sample data. The tables also provide the total number of services that had been delivered to the clients in the sample in each region, and for each disability group, as well as the average number of services that had been delivered to each client in the group or region. Table V-22 indicates that there are differences across regions in the average cost per service, as well as the average number of services delivered to each client. The average cost per service was highest in the North, and lowest in the Interior. Clients in the Interior received the lowest number of services, with an average of 1.4, and clients in the Lower Mainland received the highest number of services, with an average of 2.8.

Table V-22
Average Cost per Service & Number of Services delivered in each Region in 1997

Region	Average Cost per Service	Number of Services Delivered	Average Number Of Services per client
North	\$2,633	90	1.5
Fraser Valley	\$2,216	141	2.4
Lower Mainland	\$1,572	165	2.8
Vancouver Island	\$1,673	90	1.5
Interior	\$928	84	1.4
Overall	\$1,868	570	1.9

Table V-23 shows that there are also differences across disability groups in the average cost per service and in the average number of services delivered to each client. The average cost per service was highest for clients with physical disabilities, followed by those with sensory

disabilities. The average cost per service to clients with cognitive or psychiatric disabilities were the lowest. The number of services also varied, from a low of 1.4 for clients with psychiatric disabilities, to a high of 2.2 for clients with sensory disabilities.

Table V-23

Average Cost per Service & Number of Services delivered in 1997 by Disability

Disability	Average Cost per Service	Number of Services Delivered	Average Number Of Services per client
Cognitive	\$1,312	101	2.0
Psychiatric	\$1,372	72	1.4
Chronic Illness	\$1,522	100	2.0
Nervous System	\$1,943	97	1.9
Sensory	\$2,433	109	2.2
Physical	\$2,606	91	1.8

Conclusions on Implementation

The five regions of the province differ in a number of ways that pose challenges for delivery of the VRS program. The demand for the program varies across the province, but regions differ in the ability to address this demand in a cost effective manner. In the North, demand is low, but clients are spread out over the region. Without a concentration of clients with similar needs, there are fewer service providers in the region. VRS Consultants must deliver more services directly, rather than use contracted service providers and they must travel to clients. Clients often have to travel to other regions for service, making the delivery of service more costly. As a result, costs for providing services, and the time to deliver them are higher.

The Lower Mainland region is at the other end of the continuum. Demand for service is high, but clients are concentrated in a relatively small area making it easier to address this demand. With a large concentration of clients with similar needs, there are many service providers in the region. VRS Consultants in the Lower Mainland do less direct delivery of service, since they can use a range of contracted service providers to address their clients' needs. Clients do not need to leave the area for service and have access to a diverse range of training with which to address their career planning needs. As a consequence, clients receive more services, and get service faster, and costs to provide the services are lower.

The other three regions fall somewhere between these two extremes, although they are less homogeneous, with some characteristics of the North in more remote areas and some characteristics of the Lower Mainland in more populated areas of the region.

The differences both within and across regions requires a flexible approach to delivery so that local circumstances can be accommodated. Hence, there needs to be flexibility in *how* the program is delivered. At the same time, however, there needs to be consistency in *what* is delivered so that the same program is delivered across the province. This means that the same clients must be eligible in each region, and should be able to get similar services in each region. The findings suggest that this is not the case.

VRS Consultants have different philosophies about vocational rehabilitation. Some believe in providing more support to their clients than do others. Others feel that if clients are to succeed

in competitive employment, they need to be able to carry-out vocational rehabilitation without much support from VRS. The term competitive employment appears to be defined in different ways by different VRS Consultants. Some VRS Consultants view competitive employment as being able to hold down a job without support, that is, the opposite of supportive employment. In the policy manual, however, competitive employment is defined as "*employment, supported or otherwise, where the salary is no less than the current minimum wage.*"²

These differences in philosophies affect who VRS Consultants determine to be eligible, in that they differ in how they determine that an applicant has the potential to benefit from VRS. Some view that an applicant that will need ongoing support to stay employed does not have the potential to achieve competitive employment and hence is not eligible. Others will consider the need for ongoing support as irrelevant to achieving competitive employment.

Because of these different underlying philosophies, VRS Consultants differ in the criteria they use in making decisions; some have developed their own policies which are not consistent with those of the VRS program. Differences in rejection rates, as well as comments made by VRS Consultants, suggest that VRS Consultants may not be using the same criteria when determining eligibility. The findings show that different VRS Consultants provide different patterns of service, which is the result of the different criteria used in making decisions. Some of these differences may stem from practices that VRS Consultants have developed to cope with some of the local challenges in delivering the program. Other differences do not appear to be due to challenges in delivering the program, but are due to the differences in how VRS Consultants interpret the purpose of the VRS program.

The differences in how the program is delivered, and even in what is delivered to whom, suggests that the flexibility provided to accommodate local circumstances has compromised the integrity of the VRS program. The issue of consistency versus flexibility is addressed further in the next section.

B. Consistency and Flexibility

Issue: Are existing policy and procedures sufficient to ensure consistent Program delivery while allowing sufficient flexibility to accommodate local circumstances? To what extent are they utilized and monitored?

Findings

VRS Consultants were asked whether VRS program policies, regulations, etc., were clear enough to allow for consistency of services to clients, while at the same time allowing sufficient flexibility to accommodate local circumstances. Six out of 14 reported that they were clear enough, seven said they were not clear, or not always clear enough, and one did not answer. Two stated that there was not sufficient flexibility to accommodate all local circumstances, although they said there was enough flexibility to cover most circumstances. VRS Consultants were also asked whether there were factors that made it difficult for them to

² *Operational Policy Manual: Vocational Rehabilitation Services*, January 1998, Section 1.2, page 2.

follow policy. Six said there were factors that could make it difficult to carry out policy. These factors ranged from the incompatibility of Ministry of Human Resources disability policy³, some VRS policies being impractical or lacking a field perspective, differences in availability of services across regions, or unusual circumstances.

VRS Consultants were also asked whether they wanted standards, clearer policy, or criteria to assist them in delivering services to VRS clients. Nine out of the 14 said there was no need for any changes. Five wanted standards or clearer policy, as long as flexibility was still possible. Of the nine who did not want clearer policies or standards, two acknowledged that interpretation of policy was an issue; one wanted training for VRS Consultants on how to make decisions. Another wanted a senior VRS Consultant who could work in the field and was up on policy and could act as a liaison between headquarters and VRS Consultants.

Community-based service providers were also asked if they wanted clearer policies or standards. Fourteen out of 36 did not want any change, while 22 wanted some kind of change. Eighteen of those who wanted changed, wanted standards or criteria for making decisions, or for VRS Consultants to use in decision-making, or wanted some specific changes in policy or eligibility criteria. Four of these specifically added that, although standards were needed, flexibility was also necessary. Two of the other four who wanted changes discussed the need for better coordination of policies with other agencies, such as Ministry of Human Resources and Canada Pension Plan; one wanted performance standards for clients to be accountable; and one stated that VRS should listen more to service providers and be more client focused rather than budget focussed.

Field management were also asked whether policies allowed for sufficient consistency and flexibility. Seven out of the ten remarked that they were clear enough for consistency, one did not know and two said they were not clear enough. Eight stated that policy did allow enough flexibility to accommodate local circumstances, one did not know and one said they did not allow sufficient flexibility. Field management were split on the issue of whether there were factors that affected the ability for policy to be followed. Two did not know, four reported that there were no factors that made it difficult to follow policy and four said there were. Of the four who reported that there were factors that affected the ability for policy to be followed, two mentioned the incompatibility with the exception policies of the Ministry of Human Resources, one said VRS policy did not focus on outcomes and hence there was a lack of accountability, and one said that there was not enough time for people in the field to get oriented to the policy manual. Partners were also asked this question. Four out of the six could not answer and the other two had opposite opinions.

Headquarters staff (in the Program Operations Branch) had some concerns about whether the policies were clear enough for consistency; one noted that there are issues of interpretation suggesting that they are not interpreted consistently, and another observed that policy is not always enforced in the field. One other said that policy was clear enough for consistency, and one did not know. Three stated that the policies allowed sufficiently flexibility, and one said they did not, noting the incompatibility with Ministry of Human Resources policies. All four

³ The Ministry of Human Resources policy on exceptions and disability status, and its implications for VRS, is discussed in the next chapter under *Client Needs*.

noted factors that can affect whether or not policy is followed. These factors included field management's lack of knowledge about the VRS program so they can interpret policy appropriately, the existence of regional policies that counteract VRS policy, disparities in the availability of services throughout the province, and the need for clarification in eligibility criteria.

Field management, Ministry management and headquarters staff were also asked whether the program has "the correct balance in service delivery to ensure consistency of service to clients across the Province, while allowing sufficient flexibility to accommodate local circumstance." Field management had mixed views, with two not knowing, four reporting that the balance was correct, and four reporting that the balance was not correct. Two said there was a lack of balance due to disparities in the availability of services. One stated that, although there needs to be flexibility due to differences in the availability of services, there is too much inconsistency in interpretation because there is not a common understanding of the intent of the program. One remarked that there was too much flexibility at intake, because of the long process to determine whether an applicant is employable.

Of headquarters staff, one did not know, and three stated that the balance was not correct. Regional differences in access and the availability of service were cited by all three respondents. Two people in Ministry management reported that the balance was correct, one said the balance was not correct and one did not know. The person who stated that the balance was not correct, remarked that there was not enough consistency across the province and that program goals and standards were needed.

Conclusions on Consistency and Flexibility

The VRS program was designed to provide policies that would ensure consistent delivery of services to clients throughout the province, while at the same time allowing flexibility in how these services were delivered. There are two challenges in service delivery that the design was intended to accommodate. One challenge is the disparity in the availability of services across the province. The other challenge is in the need the program is intended to address, which is to remove barriers to training and employment for people with disabilities. As is discussed in the next chapter, there is a considerable range in the nature of the disabilities that clients in the program have and on the impact these disabilities have on their functioning. Hence the barriers they face and the needs they have to overcome these barriers vary considerably. The flexibility was allowed in VRS policy so that local circumstances in the availability of services could be accommodated, and so that the services provided could be tailored to meet the unique needs of each client.

In reality, flexibility in interpretation of policy has gone beyond accommodating local circumstances and addressing client needs. As concluded in the previous section, *Implementation*, this has compromised the integrity of the program. The findings presented under *Implementation* demonstrate that there are differences in how the program is delivered that are not due to disparities in the availability of services, or in differences in clients' needs. Over and above these differences, there are differences in how VRS Consultants interpret VRS policy and deliver services, such as the following:

- ⇒ There are differences in who is considered eligible due to differences in interpretation of one eligibility criteria, the "*realistic potential to benefit from VRS*". Some VRS Consultants interpret benefit to mean acquire unsupported employment, and will reject an applicant because they believe the person will require support to be employed. Others interpret benefit to mean have the potential for stable, uninterrupted employment, and will reject applicants with a disability that is not stable. At the other end of the continuum are consultants that do not focus on the employment potential of the applicant, but consider whether VRS can improve the applicant's quality of life. These differences stem from differences in understanding what the program is trying to achieve. Some view VRS as an employment program with the same goal of any employment program, that is to assist applicants in getting competitive, unsupported employment as quickly as possible. This view does not recognize that people with disabilities may, by necessity, have different employment goals than people without disabilities. Full-time, unsupported employment will not be the goal for all. On the other hand, there are other VRS Consultants who see the purpose of VRS as broader than employment, and includes assisting people who are not employable to come to terms with this reality. There are other VRS Consultants whose interpretation lies in the middle of these two extremes.
- ⇒ VRS Consultants differ in what services they believe should be provided to clients, and what clients should be able to do on their own, particularly with respect to planning and covering the costs of training. There are two different philosophies that underlie service delivery. One philosophy expects that in order to secure competitive, unsupported, employment, a client needs to be relatively independent and require little support from VRS as they go through the vocational rehabilitation process. In this model, clients who need a lot of support to get them through the vocational rehabilitation process will not be independent enough to secure and keep a job. In the other model, one purpose of the vocational rehabilitation process is to increase the clients ability to function independently, so that at the end of the process they are able to secure and keep a job. In this model, clients are given more support through the rehabilitation process.
- ⇒ VRS Consultants differ in how they decide what services are needed. For example, some rely on formal assessments a lot, while some rarely use them. Some use job placement services as a matter of routine, while some use them only for clients who request this support. Some consultants rely on their experience and judgement and on what the client tells them, while others want the advice of professionals in the assessment and planning phase. Some focus more on providing access to training, and little on helping clients actually find employment.

There is a strong desire for flexibility and autonomy among VRS Consultants. Many fear that standards intended to ensure consistency will reduce the flexibility they have in how they do their job. Most VRS Consultants have been in their positions for many years and are used to working independently. Some want standards to ensure that they are interpreting and applying policy with the correct intent. Others see standards as a way of reducing their flexibility and view them as an interference in how they do their job. Despite concerns about standards eroding flexibility, half the VRS Consultants interviewed did report that policies were not clear enough to ensure consistency of service. Half the community-based service providers, who are supervised by VRS Consultants, also want standards or clarity in policies. Some, who have

experience working with more than one VRS Consultant, noted that there were inconsistencies among VRS Consultants in how they interpret policy.

VRS policy does not explain how decisions about service provision should be made, or provide criteria to guide VRS Consultants in determining when and whether to provide a service. Eligibility criteria are also subject to interpretation because there are no criteria for determining whether an applicant has the "realistic potential to benefit from VRS", and whether benefit should be defined in terms of employment, training, self-esteem or quality of life.

Although the desire for standards is not unanimous among people in the field, the need for standards is clear. In addition to standards, there is a need to clarify policy regarding how decisions about eligibility and service provision should be made. The overall rationale of the program is not clearly articulated in the policy manual, so that all service providers can work toward a common goal and have the same understanding of what the program is trying to achieve.

Standards, clearer policy and common understanding of the program's goals will not be enough to ensure consistency of service if standards and policy are not enforced in the field, or if regional policies counteract VRS policies. The management and delivery structure of the program also has a bearing on the consistency of program delivery. This is examined in the next section.

See also findings on: implementation, management and delivery structure, and access to service.

C. Management and Delivery Structure

Issue: Does the management and delivery structure impair or facilitate program management and delivery?

Findings

In 1996, the Ministry implemented a matrix management model, which resulted in different branches having responsibility for different aspects of the VRS program. The Program Operations Branch coordinates and supports programs and services delivered in the Skills Development Division of the Ministry. There are four members of the Program Operations Branch that are directly involved in policy development, evaluation and overall coordination of the VRS program. The Field Services Branch is responsible for the front line provision of services to client of the Skills Development Division programs. The Field Services Division is organized into five regions. Each region is divided into a number of areas, and each area has a number of offices, located in different urban centres in the area.

The VRS program is delivered by VRS Consultants, who are located in various area offices. Each VRS Consultant is responsible for service to clients in a specific area of their region. Service providers for the other Skills Development Division Programs are also located in these area offices. Service providers within an office are supervised by a Skills Coordinator, who reports to the Area Manager. Each Area Manager is responsible for a number of offices in

their area and reports to a Regional Manager. The five regional managers report to the Director of the Field Service Branch in Victoria.

The Program Operations Branch has no direct involvement in delivery. The purpose of the branch is to support delivery by being a resource to service providers. If a VRS Consultant has an issue on policy interpretation or service delivery, the VRS Consultant is expected to first bring the issue to the Skills Coordinator. If the Skills Coordinator cannot resolve the issue, it is to be brought to the Area Manager, who will contact the Program Operations Branch, if necessary.

VRS Consultants, field management, partners, Ministry management, and headquarters staff were all asked whether the organizational structure affected the quality or effectiveness of program management and/or delivery, and if so, whether the effect was positive or negative.

Views of VRS Consultants

Out of the 14 VRS Consultants, four said the structure had no effect, two said it had a positive effect, and eight said the effect was negative. There were two main reasons for the negative views. Seven of the eight who said the effect was negative, and one of the two who said the structure had no effect, reported that many field management had little understanding of vocational rehabilitation issues. Five (all who thought the structure was negative) also pointed out that VRS is not a priority with field management since their focus and time is on the BC Benefits programs as they are so much larger than VRS. Two mentioned a lack of communication between field management and headquarters as part of the problem with the structure.

Respondents were also asked to rate the level of support from headquarters as very effective, somewhat effective or not effective. Seven VRS Consultants rated headquarters support as very effective, six rated it as somewhat effective and one rated it as not effective. Six of the seven who did not rate support as very effective, remarked that some aspect of the structure (with supervision from the field and program direction from headquarters) limited the effectiveness of headquarters. Some of the specific points raised were: headquarters not being kept informed by field management, lack of communication to the field from headquarters, and headquarters not having a say in how services are delivered. The other concerns raised were about support that headquarters provided. One VRS Consultant stated that headquarters was too vague in answering questions, another mentioned that headquarters sometimes had unrealistic timeframes that could not be achieved when working in the field, and another remarked that headquarters did not have a client focus.

When asked for suggestions on how the organizational structure and headquarters support could be improved, ten VRS Consultants mentioned the need to resolve the issues that arise due to the reporting structure. Six suggested that VRS Consultants should report directly to headquarters and two others suggested that their supervisors should at least have knowledge of the VRS program. Two specifically mentioned that VRS Consultants should not be reporting to Skills Coordinators. Seven (some of the same VRS Consultants and some others) mentioned the need to improve communication between headquarters and the field. The suggestions are listed in Appendix B.

Views of Field Management

The majority of field management also had negative views about the effect of the structure, although for different reasons. Five out of 10 stated that the effect was negative and three stated that the structure had both positive and negative effects. One other stated that the effect was positive and one stated that there was no effect. Only one respondent identified a positive aspect of the structure, that headquarters was a resource for making decisions. Four reported that the structure created confusion for VRS Consultants regarding who to take direction from, field management or headquarters. Two stated that the effect was negative because VRS is not integrated with other Skills Development Division Programs and VRS Consultants do not work as part of the team. One of these also acknowledged that field management did not have time for VRS. Two remarked that headquarters does not stick to its role and gets involved with delivery. Field management were not as positive about support from headquarters as were VRS Consultants. Three of the ten field management stated that headquarters support was not effective, and the remaining seven reported that support was somewhat effective.

Field management's suggestions on how the organizational structure could be improved, or how headquarters support could be improved, were different from those of VRS Consultants. Three wanted VRS integrated with other Skills Development programs, four others did not want VRS Consultants to report to headquarters, and another suggested that VRS delivery should involve one branch, not two. Two suggested that supervisors of VRS Consultants need to have knowledge on VRS, and five wanted improved communication between headquarters and the field. Four wanted headquarters staff to spend more time in the field. A summary of all suggestions are listed in Appendix B.

Views of Headquarters Staff

All four headquarters staff reported that the structure had a negative effect, although one stated that the structure also had a positive effect. The structure creates confusion about roles and responsibilities of headquarters and regional management, which can create regional variation in delivery. The structure makes communication with the field more difficult, which can also increase regional variation. The positive aspect of the structure is that it allows for more local responsiveness to local circumstances.

Headquarters staff suggested stronger communication between headquarters and the field, with more direct contact with VRS Consultants, more visits to the field and more provincial and regional meetings for information sharing. In addition, they wanted headquarters to provide professional development on VRS to ensure there is a shared understanding of the values and principles of the program.

Views of Ministry Management

Ministry management had a more favorable view of the structure than did other respondents. Two reported that the structure had a positive effect, one reported that the effect was negative, and one said that it was too early to tell. The reason for the negative view was the lack of integration of VRS into Skills Development programs. The structure was seen to be positive because field management are closer to the client.

Regarding the effectiveness of headquarters support to the field, two Ministry management could not answer the question, one said headquarters was very effective and one said they were somewhat effective. Ministry management made the following suggestions: develop a regular mechanism for communication with VRS Consultants, integrate some VRS services with other Skills Development programs, and ensure there is sufficient guidance from headquarters to ensure consistency.

Views of Partners

Three of the partners did not know if the structure had an effect on management or delivery. The other two reported that the effect was negative because it creates communication problems and inconsistency in interpretation of policy. Suggestions varied, including: need someone with overall program accountability to ensure consistency, need a communication structure, need training on interpretation of policy, VRS Consultants should report to headquarters, and, on the other hand, management is better the closer to delivery.

Conclusions on Management and Delivery Structure

The intent of the organizational structure of the Skills Development Division was to improve delivery by having management in the field, and also improve efficiency by integrating the delivery of different programs. There is no evidence that the structure has improved either program delivery or efficiency.

The findings reported in the previous two sections of this chapter, and the views reported in this section, suggests that the intended goals of improved delivery and integration of services have not been achieved. The structure has not achieved efficiencies in delivery, because program delivery of VRS has not been integrated with the delivery of other Skills Development programs. Given the unique needs of VRS clients, and the specialized nature of services they require, which are discussed in the next chapter, it is unlikely that integration of services is feasible without compromising the program.

The only integration that has occurred is at the management level, with the same field management responsible for all Skills Development Programs, including VRS. The VRS program is a small program with its own potential for economies of scale, since it does not need a large management structure to oversee its delivery. Yet, there are 29 people who, in addition to managing other field personnel, manage the 23 VRS Consultants. The 29 includes direct supervision of the 23 VRS Consultants by 12 Skills Coordinators, one VRS Coordinator, and one Area Manager. These supervisors report to 10 Area Managers, who report to 5 Regional Managers. Rather than increasing efficiency, this structure has reduced efficiency since the potential economy of the VRS program is lost by embedding the small VRS program within a large management structure that was intended for the much larger BC Benefits program.

There is clear evidence of inconsistencies in interpretation of policy to the extent of compromising the integrity of the program. These inconsistencies may not be caused by the management structure, but it is unlikely that the inconsistencies can be reduced given the current structure. The Program Operations Branch has the authority to develop policy, but it has no authority to enforce compliance with policy or to ensure consistency of interpretation.

The structure impairs communication between headquarters, which is responsible for policy development, and VRS Consultants, who are responsible for its interpretation in the field. The structure further removes headquarters staff from delivery in the field, by denying headquarters a legitimate role in delivery and hampering communication with those directly involved in delivery, VRS Consultants. This makes it more difficult for policy and direction provided by headquarters to adequately reflect the realities of the field. These factors all contribute to the problems of consistency of interpretation.

The structure provides for regional management of delivery, but without provincial management to ensure consistency of delivery, since no one has the authority to provide leadership or direction for the program on a provincial basis. The very rationale for the regional management structure is to give regional management sufficient control to address local issues in delivery. Each region may be able to address local issues in an effective way, but the end result is that a different VRS program is delivered in each region.

Program accountability is lost within the current management structure, as there is no one position, or even branch, with overall accountability for the performance of the program. Although the Field Services Branch is accountable for program delivery, each region has enough autonomy to inhibit overall accountability at the provincial level. In essence, the program lacks a provincial perspective in its accountability and management structure.

See also findings on: implementation, consistency and flexibility, and access to services.

D. Information Management Systems

Issue: Do administrative systems collect and report program and client information that is adequate for tracking program performance and measuring program impacts? In what ways should the information collection system be improved?

Findings

Information management is dependent on the information collected and maintained about VRS clients, both in the client's paper file and in the VRS data base and on the reporting capabilities of this system. The following is a description of the information that is collected and maintained in client paper files and the VRS data base.

Client Records

Client files: Client paper files generally contain the completed application form including the client identification information and the nature of the disability, the medical assessment, prior assessment reports as well as any assessments requested by VRS, information on prior education and employment history, such as transcripts and resumes, financial information, sources of financial support, involvement with other agencies including WCB and ICBC, and referral source, if applicable. Copies of financial commitments, payments and invoices are also kept in the client file.

Running records: Running records are the notes of the meetings and other contact with the client, and include the decisions that were made and why, rationale for services, and next steps and timing. In some cases these records are hand-written and kept in the client's paper file. In other offices the running records are typed using a word processor and a printed copy is kept in the clients files. The running records are typed by the VRS Consultant, or by the administrative staff in the office. In some cases, the running record is saved in a file, that contains all the running records for that client. Sometimes these files are on the server in the office so that both the VRS Consultant and the administrative staff can read and enter information into the running record. In other cases, the typed running record is not saved as an electronic file and only a printed version is kept. In some offices, some aspects of the running records are kept in the VRS database, but this is not used consistently as there is not sufficient space to keep a full running record for each client, and VRS Consultants do not have access to input information into the data base.

The VRS Data Base

The data base is used by the office administration staff; VRS Consultants cannot enter or change data and most do not use the system at all. Some VRS Consultants use the data base for financial management; no one uses it for case management. Administration staff enter information off the completed application form, and make changes when instructed by the VRS Consultant. The primary use of the data base is to enter and track financial commitments. Usually, the VRS Consultant completes the financial authorization-to-invoice form and then the administrative staff enters this information into the VRS data base.

Disability codes are assigned by administrative staff in some offices, and by the VRS Consultant in other offices. The VRS data base is designed to accept 20 different disability codes. In reality, the codes are diagnostic categories, not disability categories. Up to three different disability codes can be entered for each client.

Occupational codes are not consistently used. Some offices do not use them at all because the client does not generally have an employment goal when the application is completed. Although an employment goal will be identified through the assessment and planning process, this information is not usually captured in the data base. In some offices where the codes are used, the administrative staff assign the code, while, in others, the VRS Consultant assigns the code.

Community-based Client Records

A community-based client, is a client who is served by an agency that has a contract with the local VRS office to provide service of some type to VRS clients. The service may be for any client referred from VRS, or for a specific population of clients who can apply directly to the contractor for service. Clients who apply directly to the community-based contractor are relatively new to VRS. Most community-based clients have applied directly with VRS and have been referred by the VRS Consultant to a contractor for a specific service, such as assessment and planning, or job placement and follow-up.

A client who has applied directly to VRS is in the VRS database, described above, and the VRS Consultant has a hard-copy file on the client. The running records in the file will contain

information on the contractor the client has been referred to and the service the contractor is to provide. Contractors generally provide VRS with periodic reports (usually monthly, sometimes every three months) on the clients they are serving under contract with VRS. The information contractors provide is specified in the contract and varies somewhat from area to area. Some provide monthly reports, summarizing involvement with the client, as well as a final report indicating the client's status; these go into the client's file. If an assessment or career plan were done, the assessment report or plan would also be sent to VRS and added to the client's file.

A client who has applied directly to the community-based contractor is not in the VRS database, unless the client had previously applied directly to VRS. There is no central or local database for information on community-based clients. There are different practices among VRS Consultants in what information is collected about these clients; the reporting requirements are specified in the terms of the contract.

Typically, the VRS Consultant monitoring the contract receives quarterly reports from the contractor, with the name, service provided and outcome for each client served in the quarter. This is filed in the contract file. No VRS client file is opened for these clients unless the client is referred to VRS for other services, such as funding for training.

Some offices use a contractor to do intake. If the applicant is referred to VRS, the completed application form, and any other information collected on the client, is sent to VRS. The intake contractor generally provides a monthly report listing the name, social insurance number, date of service, referral source (i.e., the agency or professional who referred the applicant) and referral destination (i.e., the agency, including VRS, to which the applicant is referred by the intake contractor).

Contract Monitoring

Contract monitoring varies from office to office. In addition to the quarterly report, described above, that is usually provided by the contractor, some VRS Consultants do some of the following:

- review credentials of agency staff providing service;
- conduct periodic site visits at the community-based agency; each office has its own protocol for site visits; they may entail review of: client files, financial information, services provided to clients, and clients satisfaction with service;
- monitor outcomes on a client by client basis;
- conduct telephone calls with contractor to review intake and avoid duplication;
- monitor seats filled, and whether targets are met;
- have clients complete a satisfaction questionnaire;

There is no data base or standard form used for collecting information to monitor community-based service providers.

Monitoring of Employers in the TPDP or PSTP

There is no standard procedure for monitoring training agreements with employers with wage subsidies through either the TPDP or the PSTP. In many cases, the only information collected is that contained in the application form and the training agreement, specifying the training that the employer will provide. Often it is a contractor, not the VRS Consultant, who makes on-the-job training placements for clients and is expected to monitor the placement. Sometimes monitoring reports are sent by the contractor to the VRS Consultant. The different methods employed by different offices to monitor training agreements include:

- informal monitoring by VRS consultant to see if employer is providing training and client is working out, and identify whether client has other needs;
- formal review of each agreement by contractor every three months to see if training plan is being carried out; report sent to VRS;
- monthly site visits by contractor; reports sent to VRS;
- informal review by contractor;
- monitoring to determine whether client successfully completed training;
- follow-up by contractor to see if client is employed;
- client and employer complete satisfaction form;
- final evaluation by employer and client;
- database in local office to track number of clients and amount of money spent on each program;

There is no data base or standard form used for collecting information for monitoring either training program.

Respondents' Suggestions

VRS Consultants were asked for suggestions for improving the procedures and systems used for collecting any of the above information. Comments made by VRS Consultants suggest that the VRS program uses a lot of paper and administrative time. Many of the suggestions made would make VRS simpler to administer, taking less administration time and using less paper. Most wanted improvements made to the electronic database. These suggestions are listed in Appendix B. The most frequently mentioned ones are:

- better disability groupings (9 respondents);
- occupational codes out of date; change to National Occupation Codes or more relevant coding, or delete use (7 respondents);
- maintain running records in database (6 respondents);
- standards needed for running records; how to set up, where name appears, information contained, etc; to provide better information when files transferred (4 respondents);
- allow historic information on program activity (4 respondents);
- all forms (application, medical release, authorization to invoice, etc) on computer so can be entered by consultant; safe admin time (4 respondents);
- track costs of each activity (3 respondents);
- add ability to track outcome information (3 respondents);

- allow VRS Consultants to access database for input and changing entries (3 respondents);

Regarding changes pertaining to the collection of information on community-based clients, the most common suggestion, which was made by six VRS Consultants, was the need for an electronic database. Three thought that an on-line database would be useful so that agencies could input the data into the data base directly. One of these commented that a database would help avoid duplication of clients, where the same client is getting the same service from different agencies. There was no consistency in the information that VRS Consultants want in the data base on community-based clients. Some want the same information as is collected on direct VRS clients, while some want less information on community-based clients. One respondent was concerned about the implications of the Freedom of Information Act on the information about community-based clients that is supplied by the agency. This VRS Consultant stated that agency opinions should not be included as they could have a negative impact on the decisions made by VRS, and that any information other than descriptive information should only be collected if the client signs a release form.

Monitoring community-based contracts is something new for most VRS Consultants. Because of their lack of experience in this area, few had suggestions to make. The VRS Consultants also had few suggestions for monitoring training agreements through the TPDP or the PSTP. All these suggestions are summarized in Appendix B.

Administrative staff are the people who enter the information into the VRS database and run the system in the local office. They found the VRS database to be stable and easy to use for this purpose. They also felt it handled most financial transactions well and better than databases for other programs. The suggestions they had for improving the database are provided in Appendix B.

Community-based service providers were asked whether there were changes they wanted made in the information their agency reports to VRS. Nineteen out of 36 did not want any changes in the information they provide to VRS. The community-based service providers that wanted changes, wanted to provide VRS with more information. Their suggestions were:

- Information on client success, long-term tracking or accountability (7 respondents);
- VRS form does not collect a sufficient amount of information (5 respondents);
- More qualitative information should be collected (4 respondents);

Community-based service providers were also asked if there were changes they wanted made to the procedures used for reporting, such as use of electronic means of reporting. Fifteen did not want any procedures changed. Eleven would prefer the use of e-mail for reporting. Six, however, had concerns with using e-mail because of concerns that the clients information may not remain private. Two wanted the procedures made as simple as possible, and two suggested more frequent reporting.

Regional management, headquarters staff and Ministry management were asked what information they wanted collected and reported for program management, and for monitoring program accountability, both at the regional and provincial levels. Regarding information on clients for program management, the most common requests from regional management were

for client demographic information, cost of services and money spent on clients, outcomes of the service, and the services delivered. Headquarters staff had similar requests for information. Almost all respondents wanted the same information for community-based clients as they wanted for direct VRS clients.

There was less consistency with regard to information to monitor community-based contracts. There was a range of suggestions made, with requests for a profile of services for each agency and outcomes as the most common. Suggestions for the training programs included length of employment following the placement, length of the placement itself, feedback on the client's job readiness, type of placement, and cost. A summary of all suggestions are provided in Appendix B.

For accountability, regional managers want outcome information and costs per outcome. Headquarters wanted information similar to what they requested for program management. Ministry Management wanted more general information, including the number served, the type of disability, the number who completed, the outcomes and program costs.

Regional management, headquarters staff and Ministry management were also asked whether there were changes they wanted in the systems and procedures for collecting and maintaining information. Regional management reported that they do not get much information on the program and would like the database changed so that it can track outcome information. Some would like the system changed to the STARR and CMARR systems used in the other programs. Headquarters staff had a number of suggestions similar to those offered by VRS Consultants, including the need for standardization on collecting and reporting, and more information collected on-line, including better outcome information.

The descriptions of intake processes, definition of waitlists and case closure policies provided earlier, under *Implementation*, demonstrates some of the inconsistencies in how the database is used. Some of these differences are based on procedures instituted by VRS Consultants and some are due to differences in regional policies. The design of the VRS database limits the kinds of information and reports that can be provided. The following are examples of some of the information that *cannot* be produced from the VRS database:

- Waitlist size by month or year; only the current waitlist is available;
- Number of times a client reenters the VRS process, or the number of clients who reenter, for any time period;
- Overview of the client population in previous years, such as a breakdown by status (rejected, open, closed) in previous years; only current status information is available;
- Number of clients receiving each type of service in a given year; only most recent service is available;
- Number of services received by each client over their history of involvement with VRS;
- Cost of service for any year, including current year, only money spent in total on each client is recorded;
- Number of clients who received no service;
- Number of clients whose eligibility was not determined;
- Type of employment found, length or retention, etc.;

In many cases, the information needed to produce the report is collected, but then it is overwritten by more recent information. Inconsistencies in procedures makes some of the data that is collected unreliable, in that there is not a common meaning for the data. Disability codes are not consistently used. Waitlist numbers do not have the same meaning, as different areas have different policies for when an applicant is classified as waitlisted. Number of cases closed as incomplete cannot be compared, since different areas have different policies for when and what reason a file is closed. Some are closed whenever the client is receiving services from an agency that is not funded by VRS. These clients will be closed as incomplete even though they are still in the process of carrying out their career plan. Because clients are not followed through the process, there is no way to know the outcome the various services may have had. Because of the lack of consistency in whether and how long clients are followed and when cases are closed, employment information that is collected cannot be interpreted. There is no systematic process used for tracking clients to ensure that all clients who find employment have been identified.

Conclusions on Information Management Systems

The VRS system was originally designed for financial management. Respondents in the field are reasonably satisfied with this aspect of the system. There are four shortcomings of the VRS system:

- The VRS system is administratively intensive;
- The VRS system is limited in its effectiveness for case management;
- The VRS system does not allow for effective program management; and
- The VRS system does not meet basic accountability requirements.

The limitations of the current system are described below.

- ⇒ The VRS system is administratively intensive. All data entry and changes are made by administrative staff. VRS consultants often write instructions out by hand, or fill in forms by hand, for administrative personnel to enter into the system. The result is duplication of effort where the same information is first recorded by the VRS consultants and then entered into the data base by administrative staff.
- ⇒ The VRS system is limited in its effectiveness for case management. VRS consultants are not able to enter or change entries. Hence most never, or rarely look at the system. They rely on their paper files and running records (which are often recorded on their PC). Because of the lack of historical information, it is not possible to know what other services the client has received (since only the most recent service is recorded), without reviewing paper files and running records. This has the biggest impact when the VRS consultant changes or when a client moves to another area.
- ⇒ The VRS system does not allow for effective program management because of its limited reporting capabilities, inadequate coding categories, inconsistencies in how some variables are defined across the province, and lack of capability to collect some information. These are described below.

- Limited reporting capabilities: The VRS system does not keep historical records of what services a client has received. As a result, it is not possible to report on the number of clients who received each service in any specific time period, or the amount of money spent on each type of service. Without this it is not possible to measure the programs outputs, that is, to know what the program has done, or how money was been spent on each activity.
- Inadequate Disability coding: The disability codes are not useful for program management as they are too numerous. The codes are actually diagnostic categories, and do not provide information on the disability, although sometimes this can be inferred from the code. It is also not clear that they are consistently used, i.e., that two clients with the same disability would always be coded with the same disability code.
- Inadequate Occupational coding: The occupational codes are outdated and hence inadequate, and some offices do not enter them at all. Occupational codes do not appear to be used in program monitoring.
- Inconsistent use of terms: Waitlist numbers do not just include applicants waiting for service. The numbers also include applicants where the medical assessment has not been received. The designation "closed—incomplete" also does not just refer to clients who did not complete. It will also refer to applicants whose eligibility was never determined, and to clients who are still working on their rehabilitation plan, but are not an active VRS client.
- Lack of outcome information: The VRS database does not contain reliable information on program outcomes. There is no systematic process for collecting outcome information. Employment information is entered when it is known, but only whether or not the client is employed. No information is collected on the nature of the employment and whether the employment was related to the clients occupational goal, and where applicable, the training the client received through VRS.
- Lack of collection capability: The VRS system does not adequately capture information on clients receiving service from community-based agencies. As a consequence, it is not possible to tell how many people are receiving services through the agencies, and whether the same people are being served by more than one agency. Also missing is any centralized database on the Public Services and Disabled Persons Training programs.

⇒ The VRS system does not meet basic accountability requirements. As already described, the VRS system does not have any means of measuring outputs because of the lack of historical information on each client. Hence the program cannot be accountable for how its money is spent at a meaningful level of analysis. In addition, basic outcome information is not collected. Even if basic outcome information was collected, meaningful analysis is not possible, such as by type of disability, services received, etc., because of the other shortcomings in the system.

In conclusion, the administrative systems for collecting and reporting VRS program and client information are not adequate for tracking program performance or for measuring program impacts.

VI. Findings on Relevancy to Client Needs

A. Client Needs

*Issue: What are the training and employment needs of VRS clients with similar disabilities?
How similar are the training/employment needs of clients with different disabilities?
Are there gaps in service or changing needs?*

Findings

Clients' Views on Services Needed

To find out what the training and employment needs of VRS clients were when they had applied to VRS, the services available through VRS were described to clients in the sample and they were asked to rate the extent to which they had needed each service. Following are the services and their descriptions that were given to respondents during the interview:

- Vocational assessment: advice to identify what a client can do, and what types of jobs might be right for a person.
- Career counselling: career counselling to help clients identify their vocational goals.
- Planning: assistance in developing a training plan that describes a realistic employment goal, and the needed training.
- Adaptive technology assessment: guidance in identifying adaptive technology needs (e.g., computer, software, opticons), to reduce or remove barriers to training and employment caused by a person's disability.
- Loan or purchase of adaptive technology: adaptive technology to reduce the barriers to training and employment caused by a person's disability.
- Financial aid for training: financial aid to cover expenses such as tuition, books, transportation or specialized services (e.g., interpreter, note taker, attendant care) or equipment (wheelchair, specialized tools, equipment or vehicle modifications) so clients can complete their training plan.
- On-the-job training: access to on-the-job training, where the person is paid to work and receive training at the same time.
- Assistance finding training: Assistance in finding the training needed to carry out the training plan.
- Job search support: guidance to develop skills to find a job, such as job search skills, resume preparation, interview skills.
- Funds for workplace modifications: funding for workplace modifications to reduce barriers caused by your disability, such as wheelchair ramps, widened doorways.
- Other types accommodations: changes needed to accommodate the person's disability, such as different work hours, or changes in how the work is done, to reduce problems caused by the disability.
- Follow-up services: follow-up after the training plan is completed to see if the client needs any further services so they can find a job.

For each service, the respondent was asked to indicate whether the service was essential, somewhat necessary or not needed at all. Table VI-1 shows the clients' perception of their need for the services offered by VRS. Not all respondents were willing to provide an opinion on every service, especially those who did not receive any service from VRS, or were deemed ineligible after the assessment was done. The table gives the number of respondents who gave an opinion on the service. Also shown in the table are the percentage, out of this total, who rated the service as essential, as somewhat necessary or as not needed at all. Exhibit VI-1 graphically portrays the percentage who gave either an "essential" or "somewhat necessary" rating.

Table VI-1
Clients' Views on Need for Service

Service	Number Expressing An opinion	% Rated as Essential	% Rated as Somewhat Necessary	% Rated as Not Needed
Vocational Assessment	129	47%	23%	30%
Career Counselling	127	44%	29%	27%
Planning	74	42%	46%	12%
Adaptive Technology Assessment	131	34%	18%	48%
Loan/Purchase of Adaptive Technology	126	33%	21%	46%
Financial Aid for Training	133	80%	8%	12%
On-the-job Training	119	56%	26%	18%
Assistance finding training ¹	110	48%	-	52%
Job Search Support	128	43%	21%	36%
Workplace Modifications	131	21%	7%	72%
Accommodations	130	29%	18%	53%
Follow-up Services	118	55%	21%	24%

Financial aid for training stands out as the most needed service; eighty percent rated it as essential. The next most needed services were on-the-job training and follow-up services, which were rated as essential by 56 and 55 percent of clients, respectively. Over 80 percent of respondents needed these two services (that is rated as "essential" or "somewhat necessary"). Planning was needed by 88 percent, with 42 percent rating it as essential. Assessment and career counselling came next, with approximately 70 percent needing these services, followed by job search support, which was needed by 64 percent.

Tables VI-2 and VI-3 give the percentage who gave either an "essential" or "somewhat necessary" rating by disability group and region, respectively. Table VI-2 shows how the needs of clients vary depending on their disability. To make it easier to examine the needs of clients in the different disability groups, the ratings on need are portrayed graphically in Exhibit VI-2.

¹ Response categories for this question were Yes, No, and don't know. The Table shows the percentage who responded "Yes".

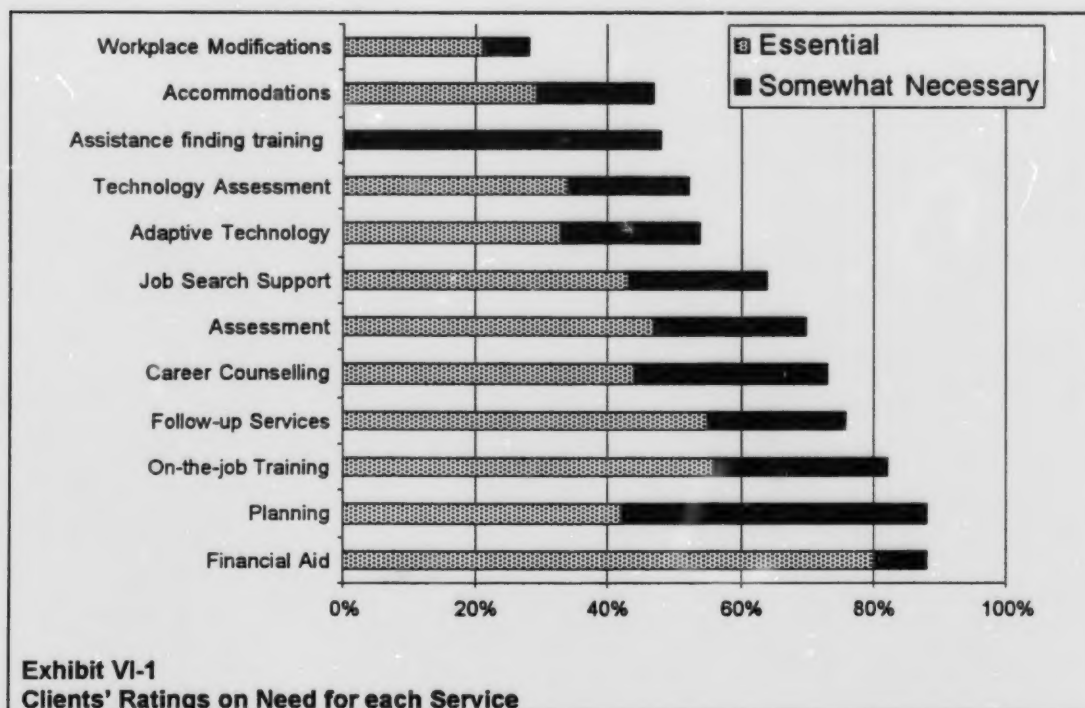


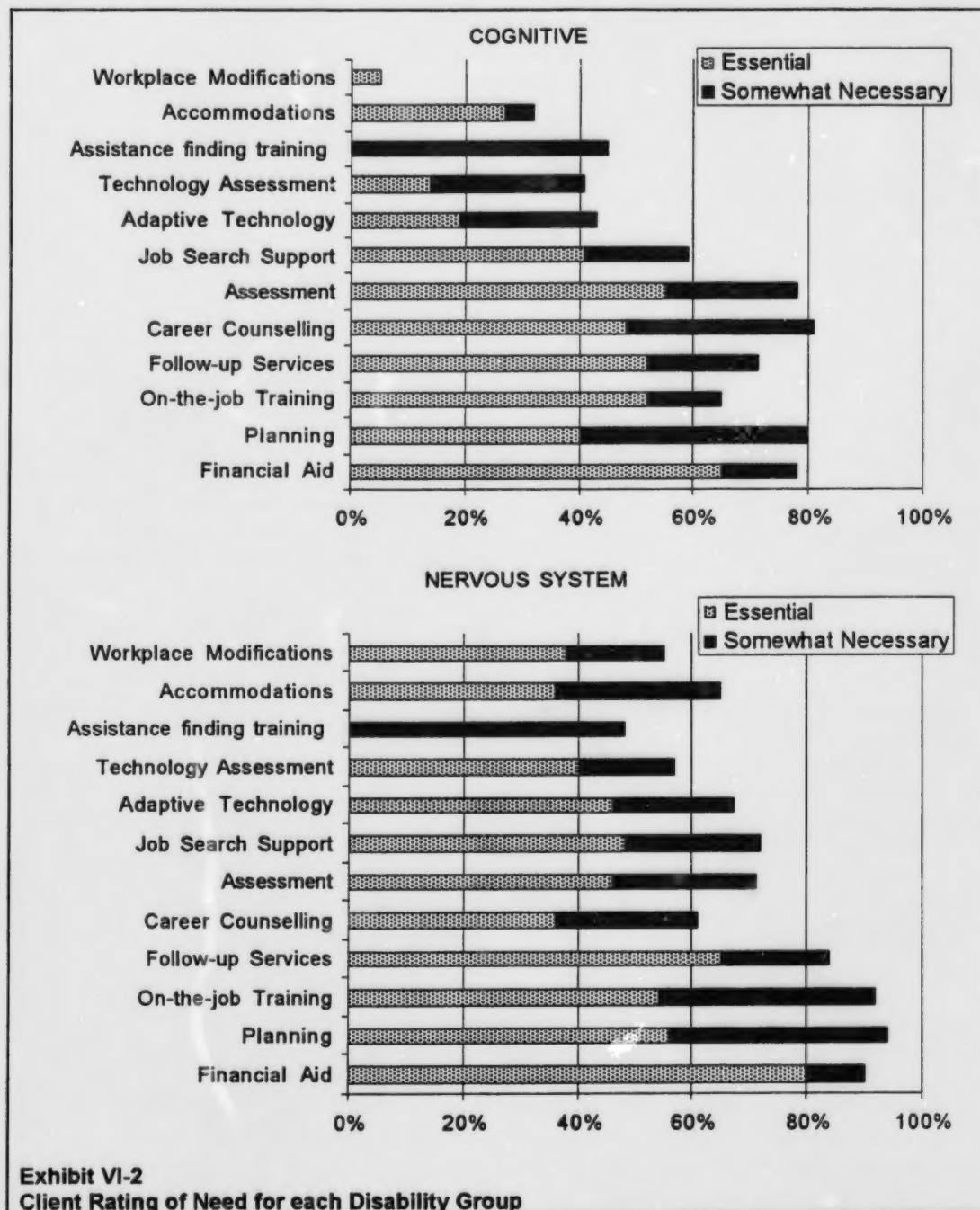
Table VI-2
Percentage of Clients Needing Service (Essential or Somewhat Necessary) by Disability

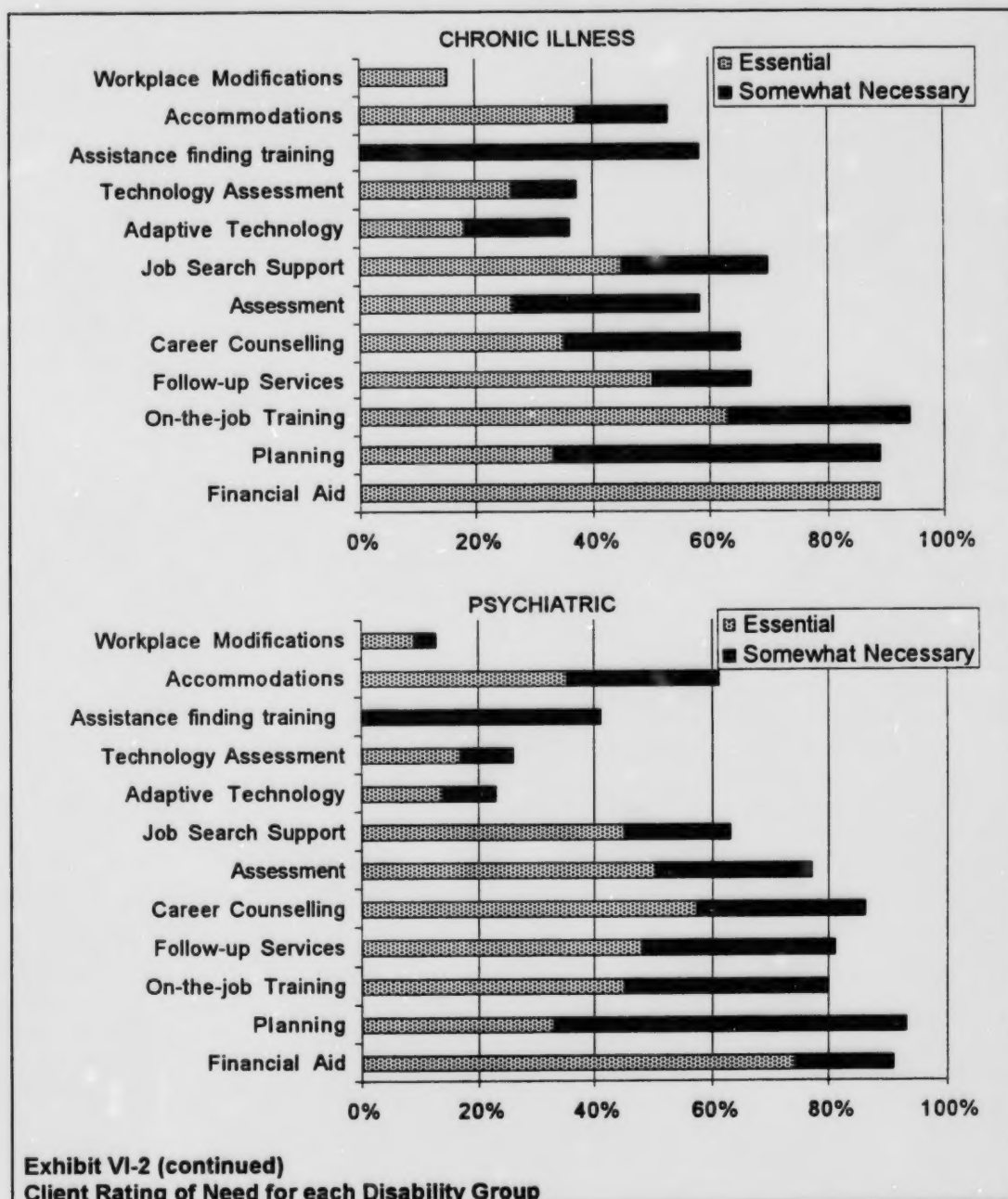
Service	Cognitive	Nervous System	Chronic Illness	Physical	Psychiatric	Sensory
Vocational Assessment	77%	71%	58%	73%	77%	56%
Career Counselling	81%	61%	65%	82%	86%	67%
Planning	80%	94%	89%	82%	93%	88%
Adaptive Technology						
Assessment	41%	57%	37%	73%	26%	80%
Loan/Purchase of Adaptive Technology	43%	68%	35%	70%	23%	80%
Financial Aid for Training	78%	90%	89%	100%	91%	73%
On-the-job Training	65%	92%	94%	91%	80%	71%
Assistance finding training	45%	48%	58%	43%	41%	60%
Job Search Support	59%	72%	70%	57%	64%	57%
Workplace Modifications	5%	55%	15%	36%	13%	31%
Accommodations	32%	64%	53%	39%	61%	27%
Follow-up Services	71%	85%	67%	89%	81%	57%

Exhibit VI-2 shows that the pattern of services that clients needed varied considerably across disability groups. Planning, financial aid for training, on-the-job training and follow-up service were all high needs regardless of the nature of the disability. The greatest variation in need was found for workplace modifications and accommodations. The following is a summary of the services needed by each group:

- Services needed by at least half the clients with cognitive disabilities were assessment, career counselling, planning, financial aid for training, on-the-job training, job search support and follow-up services. Four services were needed by about 80 percent of this group: assessment, career counselling, planning, and financial aid. Workplace modifications were needed by less than 10 percent of this group.
- Clients with nervous system disabilities had a greater need for service in general, with each service rated as needed by at least 50 percent of respondents. Four services were needed by 85 to 90 percent of this group: planning, financial aid for training, on-the-job training, and follow-up services.
- Clients with chronic illnesses were more likely than not to need assessment, career counselling, planning, financial aid for training, assistance in locating training, on-the-job training, job search support, accommodations and follow-up services. Three services were needed by about 90 percent of this group: planning, financial aid for training and on-the-job training. Workplace modifications were needed by less than 20 percent of this group.
- Services needed by at least half the clients with psychiatric disabilities were assessment, planning, career counselling, financial aid for training, on-the-job training, job search support, accommodations, and follow-up services. Career counselling, planning, financial aid and follow-up services were needed by at least 80 percent of this group. Workplace modifications, assessment and provision of adaptive technology were needed by less than 30 percent of this group.
- All but three services were needed by at least half the clients with physical disabilities; workplace modifications, accommodations and assistance in locating training were the only services needed by less than half the respondents. Career counselling, planning, financial aid for training, on-the-job training, and follow-up services were needed by over 80 percent of this group.
- All but two services were rated as needed by at least half of the clients with sensory disabilities: workplace modifications and accommodations were rated as needed by about 30 percent of the group. Assessment and provision of adaptive technology, and planning were needed by about 80 percent of this group. Workplace modifications and accommodations were needed by about 30 percent of this group.

There was also variation in need across regions, as is indicated in Table VI-3. These differences may be due, at least in part, to the different proportions of clients with each disability that are in each region.





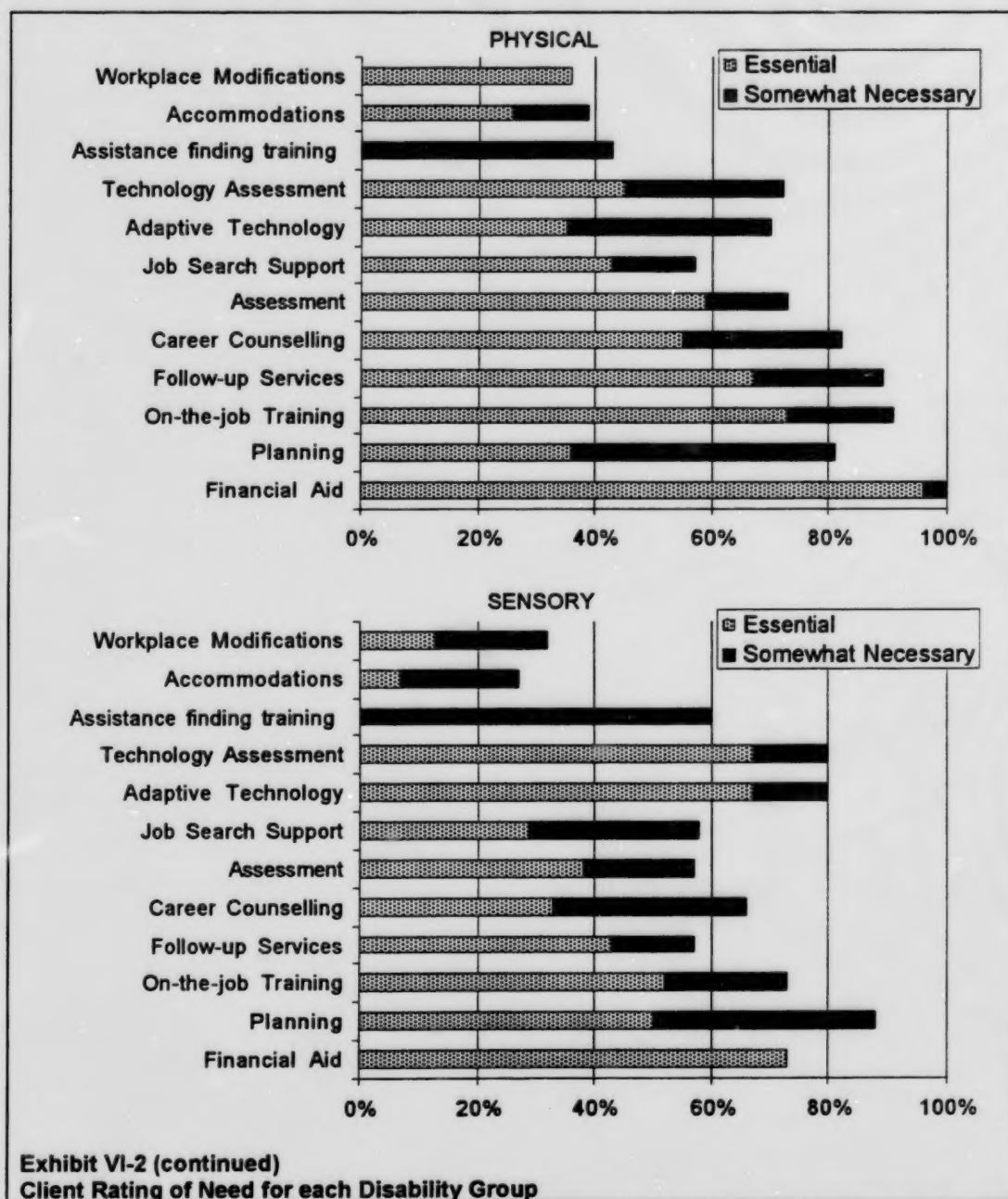


Table VI-3
Percentage of Clients Needing Service (Essential or Somewhat Necessary) by Region

Service	Fraser Valley	Interior	Lower Mainland	North	Vancouver Island
Vocational Assessment	72%	74%	70%	60%	68%
Career Counselling	69%	87%	63%	81%	68%
Planning	79%	81%	100%	73%	100%
Adaptive Technology Assessment	46%	68%	41%	31%	58%
Loan/Purchase of Adaptive Technology	50%	63%	46%	50%	54%
Financial Aid for Training	92%	88%	72%	100%	93%
On-the-job Training	70%	90%	82%	67%	93%
Assistance finding training	68%	60%	46%	31%	20%
Job Search Support	58%	78%	52%	54%	71%
Workplace Modifications	15%	39%	24%	20%	32%
Accommodations	50%	45%	52%	33%	52%
Follow-up Services	67%	91%	76%	54%	78%

To further understand clients' needs, respondents were asked additional questions. For some services, clients who did not need the service were asked why they didn't need it. For other services, where the reason for the need was less obvious, respondents who needed the service were asked why they did.

Assessment and Planning

Vocational assessments were not needed by 39 clients. The most common reasons they offered for not needing assessments were:

- they already had a goal or knew what they wanted to do (20 respondents);
- they had done assessment before (7 respondents);
- the tests were not informative (5 respondents);

Career counselling was needed by 93 respondents. The most common reasons offered for needing career counselling were:

- for knowledge or information on jobs and training, to consider the assessment results, for other perspectives or ideas (37 respondents);
- for direction in identifying a goal (21 respondents);
- for help in making decision due to their disability, illness or stress (7 respondents);
- to get a job (7 respondents);
- for encouragement or motivation (5 respondents);

Planning was not needed by 34 respondents. Their most common reasons were: they already had a plan or goal (19 respondents); and VRS would not approve their goal (7 respondents).

Adaptive Technology

Technical assessment was not needed by 64 respondents, usually because adaptive technology was not needed (31 respondents), or they knew what they already wanted (4 respondents). Adaptive technology was needed by 67 respondents. There were a great variety of reasons why they needed technology. These are listed in Appendix B, separately for each disability group.

Financial Aid

One hundred and seventeen respondents needed financial aid for training. They were asked what expenses they needed the aid to cover. Their responses are presented in Table VI-4. The greatest need was for tuition, text books and educational supplies. Transportation was the second most common need. Special support while in training, such as an interpreter or tutor, or specialized tools or equipment were in third place.

Table VI-4
Reasons Financial Aid was Needed

Expense	# of Respondents
Tuition	101
Text books, supplies	96
Transportation	70
Interpreter, note taker, tutor	24
Specialized tools/equipment	23
Vehicle modifications	5
Wheelchair, Attendant care	4
Living expenses, babysitter, clothing	5
Other	14

Needs related to financial support for training were explored in more detail. Respondents were asked whether they had attended a training institution. Eighty-four respondents had. Of these, 65 had attended a public institution. Those who had taken training were asked whether they had had a student loan to do this; sixty-five had not used a student loan. Those who had not had a student loan were asked a few questions about their views on student loans. First they were asked "If you had no other source of funding to go to school, would you have applied for a student loan?" Twenty-nine said "yes", 25 said "no", and 11 did not know. Respondents who answered no were asked why they would not have applied for a student loan. The most common responses were: would not be able to repay the loan (9 respondents); or would not qualify (8 respondents, 2 because of default on previous loan).

The respondents who did not have a student loan were also asked "If the only funding available was a student loan, would it have made any difference to you in getting the training you needed?" Forty reported that it would have made a difference. These respondents were asked "what difference would it have made to you in getting training." The most common responses to this question were: would not have pursued training (13 respondents); and would have reconsidered training or considered different training (9 respondents).

Placement Services

Twenty-one respondents did not need on-the-job training, nine because they had work experience through previous employment, a practicum or volunteer work and four because work experience was not required for the employment goal they were pursuing.

Forty-six respondents did not need job search support. Twenty-four either had had job search training before, or already had these skills. Ten others did not need this support, either because they were still in training, they were employed, or the type of employment they were seeking did not require a job search.

Thirty-six respondents needed workplace modifications and 62 needed accommodations. The modifications and accommodations needed are listed in the appendix, sorted by disability. Eighteen had accommodations made for them. The most common accommodation was flexible work hours (11 respondents). Others involved simplifying the task, having more time to do the task, having help doing it, or doing the task differently (7 respondents).

Follow-up support was needed by 90 respondents. Their most common reasons for needing follow-up support were:

- problems finding or keeping a job (20 respondents);
- to determine whether they had other needs, or changing needs (16 respondents);
- to keep them motivated or involved in the job search (10 respondents);
- the client needed help addressing problems; they had problems completing their training plan (10 respondents);

Other Needs

All respondents were asked whether they had had other needs during the vocational rehabilitation process. Twenty said they had other needs. These respondents were asked to describe these needs and whether they were able to meet the need. Eleven had financial needs due to family responsibilities, and six had other needs related to the challenges of day to day living due to their disability.

Views of Service Providers and Employers

VRS Consultants, community-based service providers, and employers in the training programs were also asked about needs of clients that are not adequately addressed by the VRS program and about changing needs. VRS Consultants and community-based service providers identified many client needs that are not adequately addressed by the program.

Financial support during vocational rehabilitation was identified as a major problem. Changes in a number of government policies, both within VRS and in the Ministry of Human Resources, have created disincentives for VRS clients who are on income assistance to undertake vocational rehabilitation. There are three levels of income assistance that are relevant to VRS clients. These are: basic income assistance, Disability Benefits Level I and Disability Benefits Level II. People on either basic income assistance or Disability Benefits

Level I are expected to be looking for work. If they take training on a full time basis they are no longer meeting the requirements to be looking for work and are no longer eligible for income assistance. The expectation is that these people can use a student loan to support themselves during training. Unfortunately, not all training taken by VRS clients meets the eligibility requirements for student loans. In addition, as reported above, many VRS clients are reluctant to take a loan because of fear they will not get employment after training and will not be able to repay the loan. Many of these have no employment history and income assistance is the only income they have every had. VRS clients who are on Disability Benefits Level II are not required to look for work, and hence are not ineligible for income assistance from the Ministry of Human Resources if they take full-time training.

Even if a client is only taking part-time training, or short-term training, Ministry of Human Resources' exception policies can create financial problems for the client. Any training or transportation allowance over \$100 a month that VRS provides to the client can be deducted off the client's income assistance. This is particularly a problem for clients in remote areas where they may need to travel long distances for service, and \$100 per month may not be adequate to cover the costs, or for clients taking short term training outside their community.

Another big issue identified by VRS Consultants and community-based service providers is the need for counselling services for many clients to deal with emotional issues. Some need the service to adjust to the disability, or deal with the stresses associated with vocational rehabilitation. Others need it to deal with childhood abuse issues. Without this support, many clients cannot fully benefit from vocational rehabilitation.

Services to deal with the pre-employment needs of VRS clients were also identified as a need. Many clients need life skills training to deal with other barriers to employment, such as poor social skills. Community-based service providers identified this as a large, and growing need.

There are some types of clients who are less likely to have their needs met by VRS. The groups most frequently identified by VRS Consultants and community-based service providers, together with the reasons why VRS does not meet their needs well, are:

- mental health; psychiatric: lack of services; need support, but limited availability; need support during employment; lack of expertise in serving this group; lower level jobs are disappearing (14 respondents);
- multiple barriers (e.g. age and disability): complex needs and lack of employment opportunities (13 respondents);
- severe or multiple disabilities: complex needs and lack of employment opportunities; need a longer term approach (8 respondents);
- learning disabled: disability is invisible, agencies do not understand; few entry level jobs; disputes over who should provide tutoring support; lack of resources in the community (7 respondents);
- head injury: need a lot of support; need support during employment; lack of expertise in this area; lack of services (6 respondents);
- deaf: lack of experts; communication difficulties affect access to service and limit employment potential (5 respondents);
- ESL clients: can't benefit until they learn English, but ESL not covered under VRS (5 respondents);

- cognitive disabilities: may also have physical disability, hence cognitive disability ignored (4 respondents);
- mentally challenged with IQ between 70 to 90: eligibility unclear; no services available (3 respondents);

Both VRS Consultants and community-based service providers described changes in the types of needs clients have. In general there is an increase in clients with lower skills levels and more severe disabilities, or multiple barriers to employment (i.e., barriers in addition to their disability, such as age, lower levels of education, addiction problems, etc). These clients have more complex needs, need a longer time frame for vocational rehabilitation, and may need additional services not available through VRS.

Service providers have noticed an increase in the following groups of clients:

- learning disabilities (6 respondents);
- multiple disabilities or severity (4 respondents);
- attention deficit (4 respondents);
- ESL and low literacy (4 respondents);
- psychiatric clients (4 respondents);
- deaf clients; hard of hearing clients (4 respondents);
- the number of clients becoming self-employed (3 respondents);
- brain injury/ head injury (3 respondents);

There has been an increase demand for specific services, some because of the increase in certain types of clients. The most frequently mentioned increased needs were for:

- assessment in general, more detailed assessment, more educational assessments (9 respondents);
- pre-vocational training; life skills; clients not job-ready (6 respondents);
- adjustment counselling; emotional counselling (5 respondents);
- computer skills (4 respondents);
- on-the job training; work experience (2 respondents);
- both more &/or longer-term follow-up (2 respondents);
- job coaching; job maintenance support (2 respondents);
- help finding employment (2 respondents);

The context in which the VRS program is delivered has also changed. This includes the way services are delivered, with greater use of community-based service providers. Some are concerned that this has caused a fragmentation of services for clients, and overabundance of some services, while at the same time, a lack of availability of other services. Some VRS Consultants are spending more time in meetings with community members and service providers, more time managing contracts, and, hence, have less time to see clients. The labour market has changed, with fewer employment possibilities overall, and especially in entry level positions. In general, a higher level of skill is required, and jobs are more complex.

Employers in the two training programs were also asked about clients' needs for accommodations, modifications or equipment so they could employ the client. Eight said some accommodations, modifications or equipment had been needed. Most of these were

accommodations. Three required computer upgrading, which was paid for by VRS. Only two required equipment. No work site modifications were required.

Conclusions on Client Needs

The services provided through VRS line up well with the needs of clients. The most consistent need expressed by respondents in the client sample was for financial aid for training. This was viewed as essential by 80 percent of respondents. Planning, on-the-job training and follow-up services were also needed by a large portion of the sample. There is a high degree of similarity in the training and employment needs of clients with different disabilities, although there were some notable differences as well. The greatest variation in need was found for workplace modifications and accommodations, where the need for the service varied considerably depending on the disability.

The need for financial support for living expenses was the most frequently mentioned need of clients that is not met by VRS. The policies of the Ministry of Human Resources with respect to support for training has contributed to this need. This need was identified by both clients and service providers. Service providers also identified two other needs that VRS does not address: emotional counselling services and pre-employment services. Service providers reported that these services are needed for some clients to eliminate barriers to training and employment caused by emotional issues, or lack of life skills.

VRS Consultants and community-based service providers acknowledge that there are some groups who are less likely to have their needs met by the VRS program, specifically: clients with psychiatric disabilities, head injuries, learning disabilities, multiple barriers, or severe or multiple disabilities. In some cases, these are clients who, because of the nature or complexity of their disability, need more individual assistance than the program can provide. For others, there is a lack of expertise, or lack of services, to meet clients' needs.

Overall, service providers report an increase in clients with lower skill levels, more severe disabilities, or multiple barriers to employment, who have more complex needs, and, consequently need a longer time-frame for vocational rehabilitation and may need additional services not available through VRS, such as greater amount of ongoing support, pre-employment training and emotional counselling. Specifically, they report increases in clients with learning disabilities, attention deficit disorders, ESL or low literacy, deaf or hard of hearing, psychiatric disorders and head injuries. This change has resulted in a greater need for assessment services.

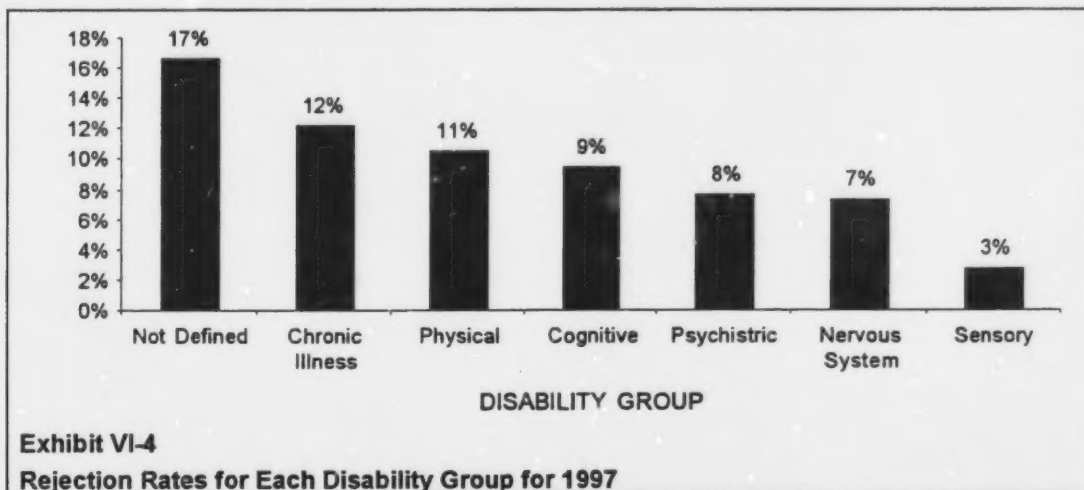
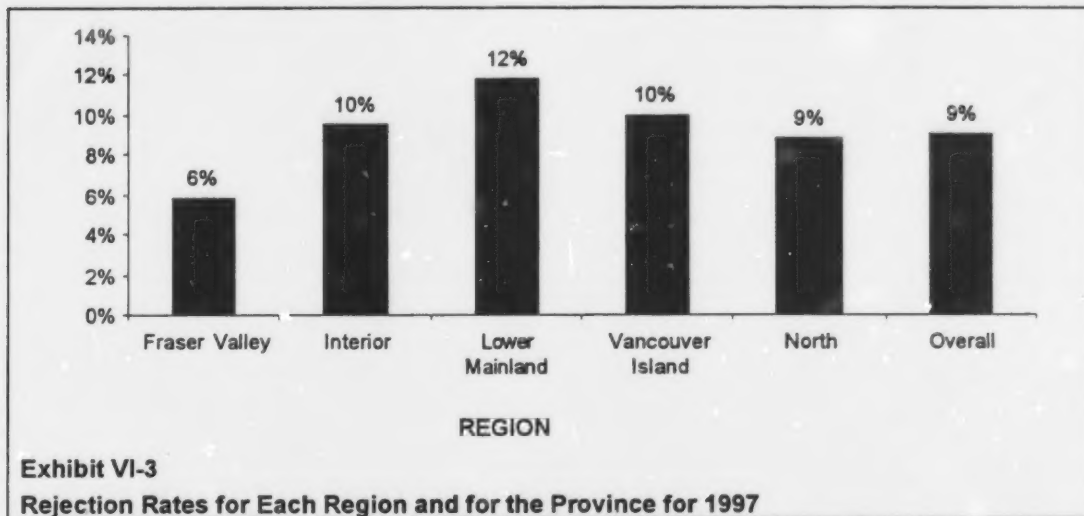
B. Access to Service

Issue: To what extent is the Program reaching all of its intended clients? Is access equitable for all disability groups? What difficulties do clients encounter in using the Program's services? What client variables complicate access to the Program? Are any government policies affecting access? What factors (e.g., regional, economic, waitlisting) affect access?

Findings

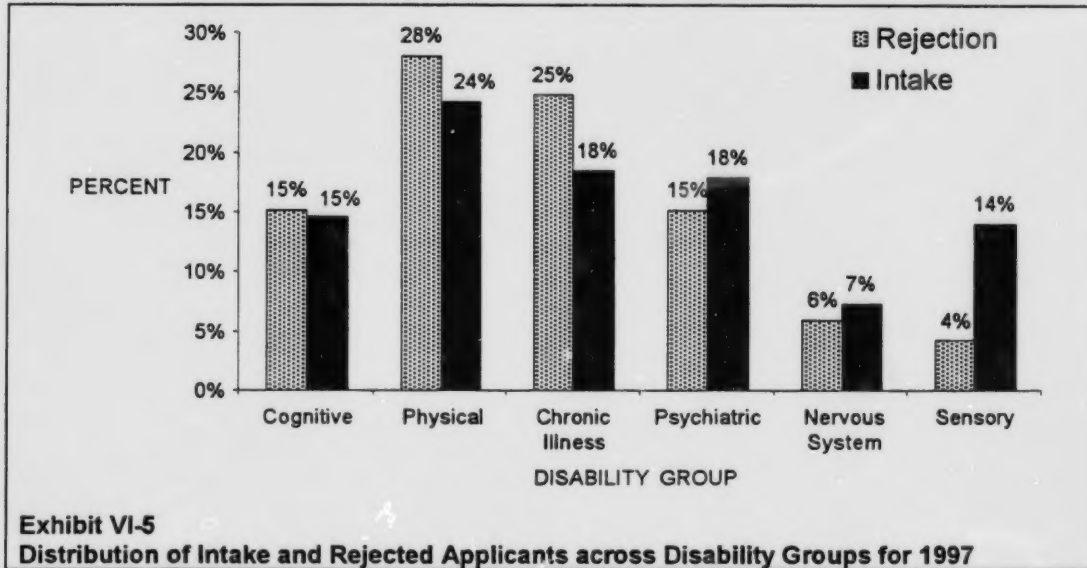
Access to VRS: Program Statistics

The issue of access was examined from two perspectives, access to the program, and access to needed services that are provided through VRS. To determine whether access to the program is equitable for all disability groups, the distributions of intake and rejected applicants for 1997. Rejected applicants represent a very small proportion of the intake for the year. For context, the rejection rates for each region and each disability group are presented in Exhibit VI-3 and VI-4, respectively.

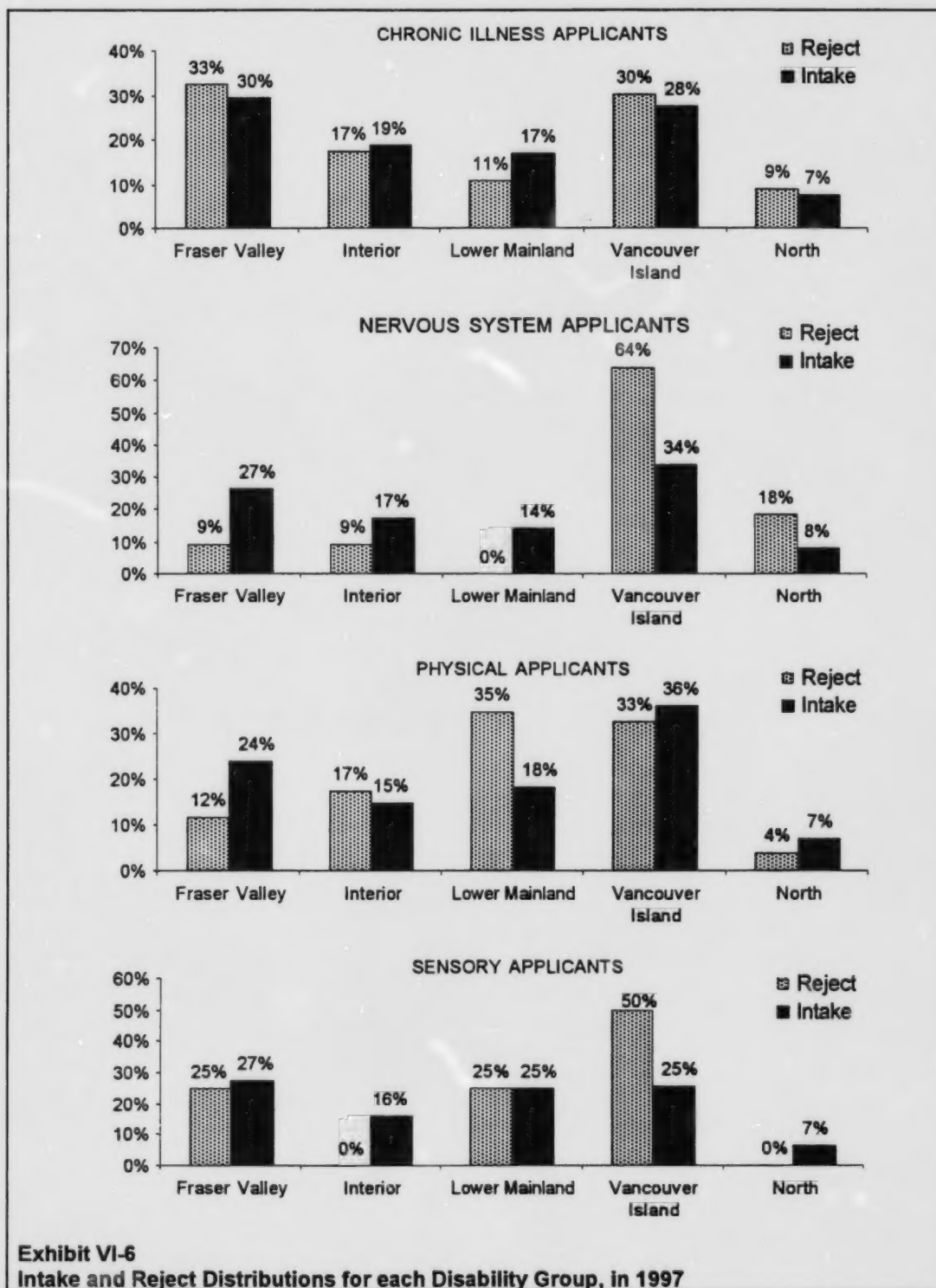


Intake distributions were calculated by dividing the number of intakes for each disability group, by the total number of intakes for 1997. The distribution of rejected applicants was calculated by dividing the number of rejected applicants in each disability group by the total number of rejected applicants in 1997. These distributions are presented in Exhibit VI-5.

Exhibit VI-5 shows that the intake and rejection distributions are fairly similar, except for sensory applicants. Whereas sensory applicants made up 14 percent of all intake for 1997, they made up only four percent of all rejections. In other words, more sensory applicants are accepted than would be expected based on the intake distribution. Physical and chronic illness applicants were somewhat less likely to be accepted than would be expected given their intake distributions.



To look at access for each disability group within each region, the same analysis was done for each region. The intake distribution was calculated for each disability group in each region, by dividing the number of intakes for a disability group in each region, by the total number of intakes for that disability group in 1997. This was repeated for each disability group. The reject distribution was calculated in a similar fashion, by dividing the number of rejected applicants in the disability group in each region by the total number of rejected applicants in that disability group for 1997 and repeating this for each disability group. These distributions are presented in Exhibit VI-6. If the proportion of applicants that are ineligible for VRS is the same in each region then the distribution of intake should be similar to the distribution of rejected applicants. If the two distributions are not the same, then either the proportion of applicants who are eligible is not the same in each region, or the regions are not determining eligibility in the same way.



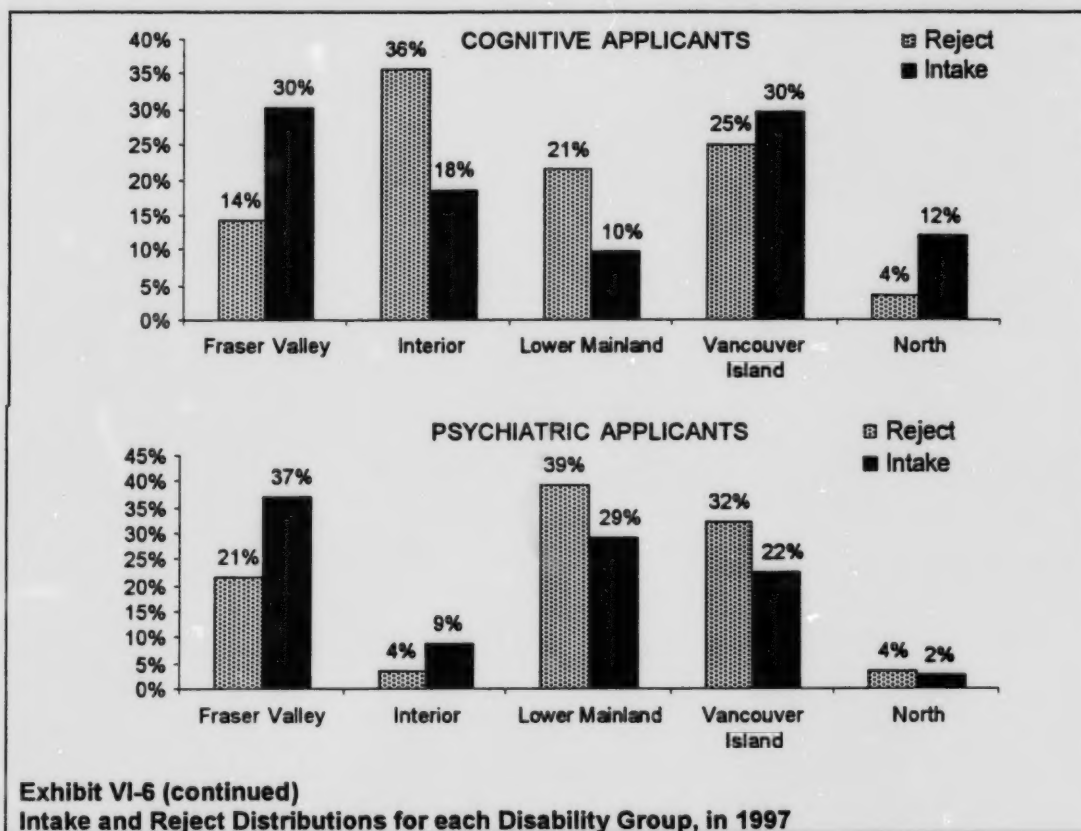


Exhibit VI-6 shows that the chance of having been accepted or rejected in 1997 depended on the applicants' disability and the region they applied to for VRS service, as follows:

- Applicants with a sensory disability were more likely to be rejected in the Vancouver Island region and more likely to be accepted in the Interior or the North.
- Applicants with a cognitive disability were more likely to be accepted in the Fraser Valley and the North and more likely to be rejected in the Interior and Lower Mainland regions.
- Applicants with a psychiatric disorder were more likely to be accepted in the Fraser Valley and more likely to be rejected in the Lower Mainland and Vancouver Island regions.
- The likelihood of being accepted for applicants with a chronic illness was the same for all regions, except for a slightly greater chance of being accepted in the Lower Mainland than elsewhere.
- The likelihood of being accepted for applicants with a nervous system disorder varied considerably across regions. Of all the applicants in 1997 with a nervous systems disorder who were rejected, 63 percent were from the Vancouver Island region, even though the Vancouver Island region only had 34 percent of all applicants with a nervous system disorder who had applied to VRS. Applicants with a nervous system

disorder were also more likely to be rejected in the North, and the Interior, but were more likely to be accepted in the Fraser Valley.

- Applicants with a physical disability were more likely to be accepted in the Fraser Valley, and more likely to be rejected in the Lower Mainland.

Access to VRS Services: Views of Clients

Clients in the sample who rated the service as needed were asked whether they had had any problems getting the service, and if so, to describe the problems. Table VI-5 gives the number of respondents who had needed the service, that is, rated it as essential or somewhat necessary. Also provided in the table is the number of respondents who had needed the service and had received it from VRS, and the number who had not received the service because they had not reached that point in the process (including those who did not receive any services from VRS). The final column in the table gives the number who had experienced problems getting the service, even if the problems had been resolved and they had received the service. This number does not include those who did not receive any services or did not reach that stage in the process.

Table VI-5
Clients Views on Access to Service

Service	Number Needing Service	Number Who Received Service	Number Not ready For Service*	Number (%) who Had problems Getting Service**
Vocational Assessment	90	53	16	12 (13%)
Career Counselling	93	42	18	n/a
Planning	96	40	18	22 (24%)
Adaptive Technology Assessment	67	n/a	15	29 (43%)
Loan/Purchase of Adaptive Technology	67	n/a	14	29 (43%)
Financial Aid for Training	117	56	26	31 (26%)
On-the-job Training	98	13	19	30 (32%)
Assistance finding training	53	15	n/a	n/a
Job Search Support	82	21	16	7 (9%)
Workplace Modifications	36	1	7	7 (19%)
Accommodations	62	18	n/a	37 (60%)
Follow-up Services	90	28	17	15 (19%)

* Respondents who did not receive any services from VRS or reported that they did not get to that stage in the process.

** Number who had problems getting service includes respondents who did get the service (with a delay or after the problem was solved) and respondents who did not get the service at all, excluding those who were not ready for the service.

The number of clients in the sample who received a given service was less than the number who needed the service. Many did not receive the service because they did not get far enough along in the rehabilitation process for the service, as is indicated in the third column of the table. Problems that clients who were ready for the service had encountered in getting the service, or reasons why they did not get the service, are described below.

Vocational Assessments

Vocational assessments were needed by 90 respondents; 52 received this service and 16 others never made it far enough in the process to receive assessment. Twelve had problems getting the service. The most common problems were:

- long wait for the service (4 respondents);
- client was not offered the service or was not aware of the service (2 respondents);
- client told they did not qualify for service (2 respondents);

Career Counselling and Planning

Career counselling was needed by 93 respondents. They were asked whether their VRS Consultant had provided this service; 42 had received it from the VRS Consultant and 18 had not received any services from VRS. Respondents were not asked whether they had difficulty getting the service as it was expected to be a normal part of the intake and planning process.

Planning was needed by 96 respondents, 42 of whom received this service and 18 others did not progress this far. Twenty-two had problems getting the service, including:

- client was not aware of the service or not informed of it (6 respondents);
- there was a long wait for the service (4 respondents);
- the client's needs were not understood (3 respondents);
- the client had to fight/argue for the service (3 respondents);

Adaptive Technology

Sixty-seven respondents needed adaptive technology assessment. Information on how many received this is not available. Fifteen did not get far enough along in the process. Twenty-nine had problems getting this service. The most common problems were:

- the client was not aware of the service; the service was not offered (14 respondents);
- the client was told the service was not available, they were not eligible or there were no funds available (6 respondents);

Sixty-seven respondents needed adaptive technology. Fourteen never got far enough along in the process and twenty-nine had problems getting technology. The three most common problems were:

- the client was not aware of the service; the service was not offered (8 respondents);
- the client was told they were not eligible or did not need the service, or told the service was not available (7 respondents);
- the process to get the equipment was too complicated (note: this included applying for grants, the client researching the technology available, or something unspecified about the process was too difficult) (5 respondents);

Financial Aid for Training

One hundred and seventeen respondents needed financial aid for training; 56 received it and twenty-six had not gotten this far in the process. Thirty-one identified problems in obtaining financial support from VRS of the following nature:

- client had to fight with VRS Consultant to get funding approval (4 respondents);
- VRS Consultant was not supportive of the client's plan (4 respondents);
- VRS regulations caused problems in getting funding (4 respondents);
- it took too long (3 respondents);
- client was not eligible for VRS (3 respondents);
- client was not aware of service (3 respondents);
- client's funding was cut-off part way through the program (2 respondents);
- client had not been able to develop a training plan (2 respondents);

Training

On-the-job training was needed by 98 respondents, 13 of whom received it and 19 did not get to this stage. Thirty had one or more of the following types of problems in getting the service:

- client cannot find suitable employer for on-the-job training needed (7 respondents);
- not aware of service; not offered (6 respondents);
- problems getting support from employers (4 respondents);
- client needed to find employer on their own (3 respondents);
- denied service by VRS Consultant (2 respondents);

Fifty-three respondents needed assistance in locating the training they needed. Thirty-four received this assistance. Fifteen received assistance from a VRS Consultant, 8 received assistance from a community-based service provider and 3 received the assistance from college personnel. The remaining received the service from a variety of other sources, including family members, and personnel in other government programs.

Placement Services

Job search support was needed by 82 respondents, 67 of whom received this service. Sixteen did not get to this stage and seven had problems getting the service, usually because the service was not offered, or the VRS Consultant would not provide the service.

Thirty-six respondents needed workplace modifications and 62 needed accommodations. Only one respondent received workplace modifications. Modifications were usually not made because the employer would not or could not make the changes needed, or the client was not aware that VRS could provide this service. Accommodations must be provided by the employer; VRS can only advocate on behalf of the client. Thirty-seven

respondents did not have accommodations made. The reasons accommodations were not made are summarized as follows:

- the client did not have support from VRS in dealing with employer to get accommodations made (8 respondents);
- the client is not working (8 respondents);
- the employer refused (6 respondents);
- the client had not asked for them, although they felt they needed them (5 respondents);
- the accommodation is not needed yet (5 respondents);

Follow-up support was needed by 90 respondents; of whom 23 received this support and 17 did not get to this stage. Fifteen had problems getting the service. Clients were either unaware of the service, or the VRS Consultant would not provide the service or was too busy to provide it.

Other Needs

Twenty respondents said they had other needs in addition to those services provided by VRS. Fourteen were able to meet their other needs. Five meet their needs through financial support from the Ministry of Human Resources, and two went into counselling. The others used a variety of different means to address their needs, such as living in a group home, getting support from a service club, and using an RRSP.

Access to VRS Services: Views of Other Respondents

VRS Consultants and community-based service providers were asked for their views on whether there were problems in accessing VRS services for clients in general, or for specific groups of clients. Many of their views overlapped with those presented in the first part of this chapter pertaining to client needs. In the opinions of those who deliver services to clients, there are some needs that the program does not address well. Hence, clients with those needs have problems in accessing those services. Other types of problems in accessing services are described here.

Almost all respondents report that there are some difficulties in accessing services for at least some clients in some parts of the province. The most common access difficulties described by respondents were:

- ⇒ Lack of awareness of VRS and its services (8 VRS Consultants; 8 community-based service providers; 2 partners; 1 advocate; 2 field management);
- ⇒ Waitlists; demand for service exceeds availability (5 VRS Consultants; 16 community-based service providers; 2 partners; 5 field management; 1 headquarters staff);
- ⇒ Lack of resources: insufficient funding and staffing for the program (3 advocates; 1 field management; 1 VRS Consultant);

- ⇒ Lack of service in rural areas; VRS Consultants may need to travel to meet clients; lack of service providers with expertise in area (4 VRS Consultants; 4 community-based service providers; 3 VRS Consultants; 1 partner; 3 headquarters staff);
- ⇒ Lack of knowledge about implications of disabilities among VRS Consultants and/or community-based service providers (2 partners; 1 headquarters staff; 1 VRS Consultant);
- ⇒ Transportation problems; Handi-dart may not exist in the area or not provide adequate service; problems with zones for Handi-dart; too busy; employment not a priority (9 community-based service providers; client may not be eligible; 2 VRS Consultants; 1 advocate; 3 field management);
- ⇒ Fragmentation of services: clients need to go to different agencies for different services; there is less overall coordination by VRS Consultants; sometimes clients are bounced from one agency to another for the same service; this can cause confusion and dissatisfaction for clients (1 VRS Consultant; 5 community-based service providers);
- ⇒ Lack of funding for life skills development; prevents access to VRS since the client cannot benefit until life skills are acquired (4 community-based service providers; 1 partner);

There are characteristics of clients that can make access a challenge. These are:

- ⇒ Intellectual disabilities: learning disabilities, development delay; difficulties in assessment; medical assessment is not relevant; (3 community-based service providers; 1 field management);
- ⇒ Language barriers: program material only available in English; ESL clients (2 community-based service providers; 2 VRS Consultants; 1 field management; 1 advocate);
- ⇒ Literacy problems: can't complete application forms; low literacy is a barrier to training and employment; issue for certain disability groups: deaf, learning disabilities, cognitive impairment, ESL clients (2 VRS Consultants; 5 community-based service providers);
- ⇒ Deaf clients: need an interpreter to access services; VRS can't pay for interpreter until accepted as a client (1 VRS Consultant; 2 community-based service providers);
- ⇒ Some groups don't fit the rehabilitation model: psychiatric, head injury, severe physical or multiple disabilities, learning disabilities; need more one-on-one support and longer time-frame (2 headquarters staff; 1 partner; 1 community-based service provider; 1 advocate);
- ⇒ VRS may not be sensitive to needs of other cultures, especially aboriginal people (1 field management; 2 advocates);

Some policies of VRS, and of other government agencies, can have a negative affect on access. Most of these are policies of other government agencies that work at cross purposes to the intent of the VRS program. The policies frequently identified were:

- ⇒ Financial barriers due to Ministry of Human Resources policies; definition of disability not compatible with VRS; lack of consistency in Ministry of Human Resources regarding allowable exemptions; loss of income assistance if in full-time training; loss of health care benefits (9 VRS Consultants; 8 community-based service providers; 2 advocates; 3 partners; 2 headquarters staff; 3 field management);
- ⇒ Student loan expects student to work part-time, but people with disabilities may not be able to work while going to school; due to disability may need to go part time and take longer and hence have a larger debt in the end; some clients not eligible due to default, others do not want debt due to concerns about inability to earn enough to repay loan (4 VRS Consultants; 4 community-based service providers; 3 partners; 1 advocate; 1 field management);
- ⇒ Disincentives due to policies of CCP and private disability insurance carriers; clients afraid to lose pension during training; (1 VRS Consultants; 2 community-based service providers; 1 partner; 1 headquarters staff; 2 advocates);
- ⇒ Policy regarding WCB claimants awaiting appeal: length of time it takes WCB to make a decision; many clients give up and come to VRS (4 VRS Consultants; 1 community-based service provider; 1 field management; 1 headquarters staff);
- ⇒ ICBC claimants ineligible (1 community-based service provider; 1 field management);
- ⇒ Inconsistency in interpretation of policy by VRS Consultants (3 community-based service providers; 1 headquarters staff);
- ⇒ The referral process is too confusing and bureaucratic (5 community-based service providers);

Respondents were also asked for suggestions to improve access to the program. The primary suggestion was to coordinate the policies of various government agencies with respect to people with disabilities to remove the barriers to access noted above (offered by 3 community-based service providers; 4 VRS Consultants; 1 headquarters staff; 2 field management; 1 advocate). The other most frequently offered suggestions were:

- ⇒ Improve public awareness of the VRS program and the services it offers (4 community-based service providers; 2 VRS Consultants);
- ⇒ Increase funding and staffing for the program (4 community-based service providers; 1 field management; 1 VRS Consultant);

Conclusions on Access to Service

Although geography and waitlists do affect access to service, they affect all disability groups equally. Acceptance into the program appears to depend more on who is making the decision, rather than on VRS eligibility policy, availability of service, geography or waitlists. Access to the VRS program is dependent both on the applicant's disability and the region in which they live. Clients with either a cognitive, psychiatric, or physical disability have a greater chance of being accepted in the Fraser Valley than in any other region. Clients with nervous system or sensory disabilities have a lower chance of being accepted in the Vancouver Island region than in any other region. Clients with chronic illness have the same chance of being accepted in any region.

Many clients had encountered problems in accessing services they felt they needed. The likelihood of clients having received a service, or having encountered problems getting the service varied considerably depending on the service. Overall, the most common problems that clients encountered were:

- the client was not aware of the service and the VRS Consultant did not offer the service;
- long waits for the service; inadequate funding and staffing to meet demand;
- the client was denied the service, either told they were not eligible, did not need the service, or the service was not available;
- the client had to argue with the VRS Consultant to get the service;

Clients with communication problems (deaf, cognitive impairments, language barriers or low literacy) have potentially more problems in accessing services to meet their needs. The rehabilitation model used by the VRS program is less likely to fit the needs of clients with cognitive impairments, psychiatric disorders, head injuries, or severe physical or multiple disabilities.

There are policies of other government agencies that have a negative effect on access to the VRS program. The most notable is the Ministry of Human Resources' policies on exemptions and eligibility for income assistance while in training. Student loan policies, as well as those of VRS that prevent service to WCB and ICBC claimants, can also hinder access.

C. Meeting Client Needs

Issue: Are clients satisfied with the service they have received? If not, why? What client variables are related to satisfaction? What factors (e.g., regional, economic, waitlisting) affect satisfaction?

How are clients meeting these needs? What client variables are related to ability to meet their needs? To what extent are the needs of clients related to their goal of finding employment being adequately addressed through the VRS Program:

- *VRS client needs (all disability groups)?*
- *community-based client needs (all disability groups)?*
- *emerging client needs (all disability groups)?*

Findings

Clients' Views on Usefulness of Services Received

Some information on how well the VRS program is meeting client needs is provided in the previous section by examining clients access to the services they need. In this section, clients' views on the services they received is examined to gain further information on how well the VRS program is meeting the needs of its clients.

Respondents in the client sample were asked, for each of the following services they had received from VRS, to rate the usefulness of the service, as follows:

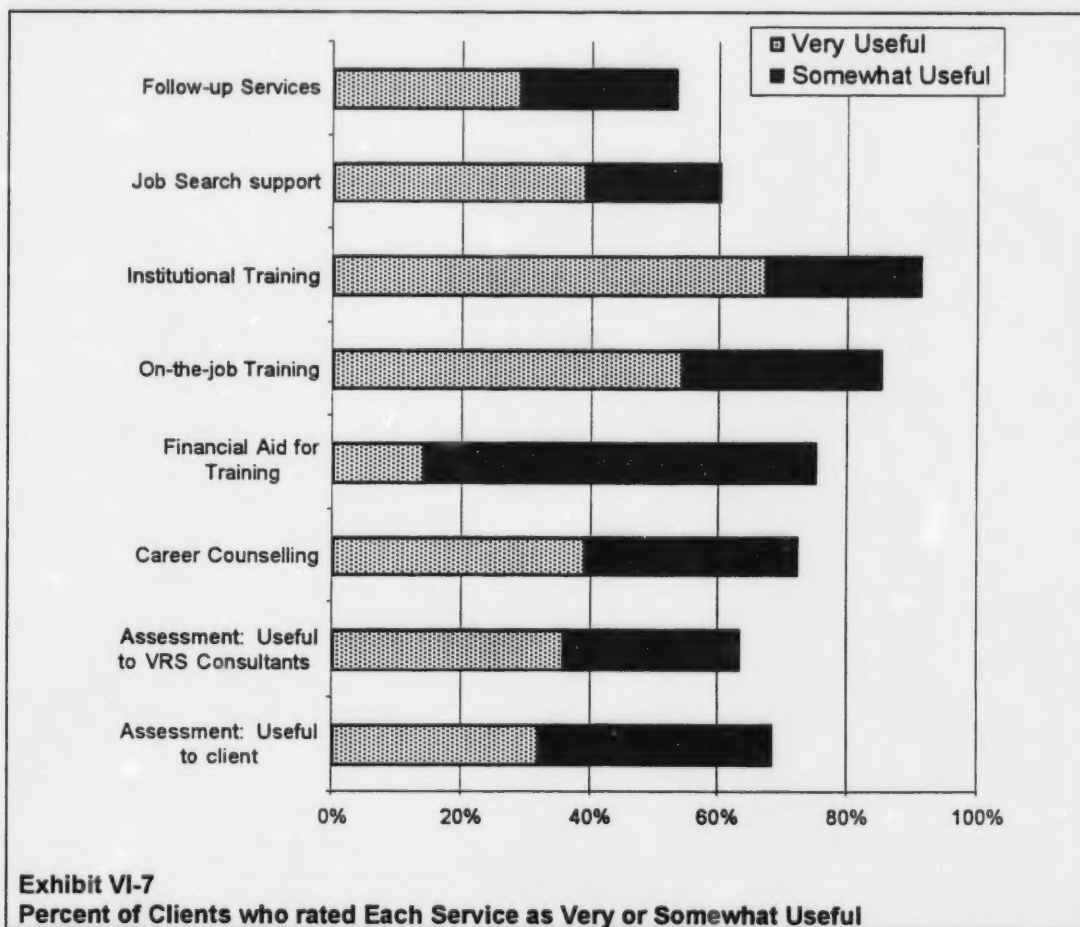
- ⇒ **Assessment:**
 - How useful was this process in helping you understand your abilities and the types of jobs that are right for you?
 - How useful was this process in helping your **VRS Consultant** understand your abilities and the types of jobs that are right for you?
- ⇒ **Career counselling:** How useful was the career counselling in helping you to identify your vocational goals?
- ⇒ **Financial aid for training:** How adequate was the financial aid you received to meet your financial needs?
- ⇒ **On-the-job training:** How useful was the on-the-job training in giving the knowledge and skills you needed so you were ready for the type of job you wanted?
- ⇒ **Institutional training:** How useful was the training you received in giving you the knowledge and skills so you were ready for the type of job you wanted?
- ⇒ **Job search support:** How useful was the job search program to help you learn skills to search for a job?
- ⇒ **Accommodations:** How useful were the changes or accommodations in reducing problems caused by your disability?
- ⇒ **Follow-up services:** How useful were the follow-up service to find out if you needed further services so you could find a job?

For each service received, the respondent was asked to rate its usefulness in achieving the goal described above, using the scale: very useful, somewhat useful, or not at all useful. No respondents were asked about adaptive technology assessment and provision, since none had received these services according to the information supplied by the VRS Consultants. The number of respondents who received the service and the percent who gave each rating is provided in Table VI-6. Exhibit VI-7 portrays clients' views on useful of each service, by showing the percentage who rated each service as either very or somewhat useful.

Table VI-6
Clients' Views on the Usefulness of Service

Service	Number Received Service	Percent Rated as			
		Very Useful	Somewhat Useful	Not Useful	Don't Know
Assessment: Useful to respondent	78	32%	36%	27%	9%
Assessment: Useful to VRS Consultant	78	36%	27%	18%	19%
Career Counselling	46	39%	33%	26%	2%
Financial Aid for Training*	56	14%	61%	21%	4%
On-the-job Training	13	54%	31%	0%	15%
Institutional Training	84	67%	24%	8%	1%
Job Search Support	33	39%	21%	24%	15%
Accommodations	18	83%	17%	0	0
Follow-up Services	21	29%	24%	29%	19%

* Respondents were asked to rate the aid as more than adequate, adequate, or less than adequate.



Respondents who rated the service as useful (either very useful, somewhat useful) were also asked to explain how it was useful. Respondents who rated the service as either somewhat useful or not at all useful, were asked to explain "in what way was [the service] not useful." Comparisons of ratings by disability group and region were only done for assessment and training, since there were too few respondents in the other cases. Caution should be used, however, even in interpreting the comparisons for assessment and training, since the number of responses in some cells is low.

Vocational Assessment

Seventy-eight respondents had received assessment services, and fifty-eight had had the assessment report reviewed with them. Usually the person who wrote the report had reviewed it with the client (23 respondents). Sometimes the VRS Consultant had reviewed the report with the client, either in addition to the assessor (9 respondents), or instead of the assessor (14 respondents). Overall about a two thirds of respondents found the assessment useful in helping them understand their abilities and the types of jobs that would be right for them. Slightly less rated the assessment as useful for the VRS Consultant.

Ratings of usefulness were compared for respondents who had had the report reviewed with them and those who had not. Seventy-two percent of the clients who had had the report reviewed rated assessment as useful to themselves, compared to 55 percent of those who had not had the report reviewed. Having the report reviewed did not affect respondents' ratings of its usefulness for the VRS Consultants.

Respondents with cognitive (70%), nervous system (81%), sensory (75%) or psychiatric (75%) disabilities were more likely to rate the assessment as very or somewhat useful and respondents with chronic illness (50%) and physical (50%) disabilities were least likely to rate the assessment as useful. Respondents in the Interior (83%) and in the Fraser Valley (71%) were more likely to rate the assessment as very or somewhat useful, than were respondents in the other three regions.

Generally, clients who found employment following VRS rated each service they received as more useful than did clients who did not find employment. With respect to the usefulness of the assessment for themselves, 80 percent of those employed who had received assessment, rated it as useful, compared to 53 percent of those not employed. Regarding usefulness for the VRS Consultant, 83 percent of those employed found assessment useful, compared to 44 percent of those not employed.

The most common reasons offered by clients for why the assessment was useful were:

- it identified possible training or employment goals (19 respondents);
- it identified their abilities (10 respondents);
- it supported their training plan; helped them to get VRS to support their goal (10 respondents);
- it helped them understand their disability and their limitations (7 respondents);

The common reasons offered for finding the assessment not useful were:

- the assessment did not provide useful information, or was not accurate (18 respondents);
- the client was not given any feedback, or not enough detail to be useful (6 respondents);
- the client already knew what he/she wanted to do; had a goal (5 respondents);
- the client did not get the services he or she had wanted (4 respondents);
- it did not result in the client finding a job (4 respondents);

Career Counselling

Overall, career counselling was viewed as very or somewhat useful in helping clients identify their vocational goals by the majority (72%) of respondents. Given only 46 respondents answered this question, the number of respondents is too small to do a comparison of regions or disability groups. Of the clients who received career counselling and found employment, 79 percent rated the counselling as useful, compared to 59 percent of those who did not find employment.

Counselling was rated as useful because:

- it helped the client find a career goal (11 respondents);
- it gave the client a new perspective or other options to consider (6 respondents);
- it gave the client confidence or courage (5 respondents);
- the client learned about their abilities, or their limitations and what not to pursue (4 respondents);

Career counselling was not useful when: the client already had a goal or when the client knew her or his abilities (10 respondents); or career counselling did not lead to any changes or improvements in the client's situation (4 respondents).

Financial Aid for Training

The 56 respondents who received financial aid were asked to rate whether the aid was more than adequate, adequate, or less than adequate to meet their financial needs. Sixty-one percent rated the aid as adequate and a further 14 percent rated it as more than adequate. Of the clients who received financial aid and found employment, 85 percent rated the aid as at least adequate, compared to 71 percent who did not find employment.

Those who rated it as adequate or better were asked: "What did the aid allow you to do that you couldn't have done without it?" Their responses are reported in the appendix. Those who rated it as less than adequate were asked what needs the aid did not meet. Five said living expenses, two said transportation, two others said they did not receive enough funding to complete training, and three had other financial needs that were not met.

All respondents were asked whether lack of money prevented them from completing their vocational rehabilitation plan. Of the 130 respondents who answered the question, 44

(34%) said that lack of money did prevent them from completing. Of those who found employment following VRS, only 23 percent stated that lack of money had prevented them from completing, compared to 45 percent of those who did not find employment.

On-the-job Training

Only thirteen respondents in the sample received on-the-job training. Eighty-five percent rated on-the-job training as very or somewhat useful in giving them the knowledge and skills needed to be ready for the type of job they wanted. All clients who found employment and received on-the-job training rated the training as useful. Seven said it gave them an opportunity to practice what they had learned and to develop job skills. Two said it gave them confidence.

Institutional Training

Eighty-four respondents attended a training institution, sixty-five of whom attended a public institution. These respondents were asked to rate the usefulness of the training they received in giving them the knowledge and skills needed to be ready for the type of job they wanted. Ninety-one percent rated it as very or somewhat useful, including 67% who rated it as very useful. Of the clients who received institutional training and found employment, 70 percent rated the training as very useful, compared to 61 percent who did not find employment.

More respondents with chronic illnesses or physical disabilities rated the training as very useful (77% and 81%, respectively) than did those with nervous system disorders (68%), psychiatric (58%), sensory (56%) and cognitive (53%). Respondents in the Interior and the Lower Mainland were more likely to rate the training as very useful (71%, and 75%, respectively), than were those in the Vancouver Island (67%), Fraser Valley (63%) and North (50%) regions.

The most frequently reported benefits of the training were:

- allowed client to acquire or update their skills (30 respondents);
- allowed client to get ready for a job (18 respondents);
- it lead to employment (8 respondents);

Respondents who said the training was not useful reported these reasons for why training was not useful (note clients could give more than one reason):

- the client already knew the material, the material was not relevant, the material was out of date, or not enough material was covered (9 respondents);
- the material was too difficult; the client did not understand the material (4 respondents);
- client did not complete the training (4 respondents);
- the client's disability interfered with the training (2 respondents);
- the client needed on-the-job training (2 respondents);

Job Search Support

Thirty-three respondents received job search support. Sixty percent rated it as either very useful or somewhat useful in helping them learn skills to search of a job. Sixty-four percent of clients who received job search support and found employment, rated the support as useful, compared to 42 percent who did not find employment.

The frequently reported benefits of the job search support were:

- learned or improved their interview skills or how to present themselves (7 respondents);
- received a good resume (6 respondents);
- learned how to approach people or expand their contacts (4 respondents);
- learned job search skills (4 respondents);
- found a job (3 respondents);
- developed confidence (2 respondents);

Respondents who reported job search as not useful offered these reasons:

- they already had the skills (6 respondents);
- they did not get the service (4 respondents);
- they did not get a job (2 respondents);
- the service was not satisfactory (2 respondents);

Modifications and Accommodations

Only one respondent received workplace modifications; the respondent rated the modification as very useful in reducing the barriers caused by the disability. Eighteen respondents received accommodations from the employer. Fifteen rated the accommodations as very useful in reducing problems caused by their disability and three rated the accommodations as somewhat useful. The benefits of the accommodations were:

- allowed client to fulfill work/training requirements (10 respondents);
- allowed client to manage their disability, made their disability/health more stable (5 respondents);
- the work was now more suitable to the disability (2 respondents);

Follow-up Services

Although 35 respondents were reported to have received follow-up services by the VRS Consultants who served them, only 21 respondents reported that they had, in fact, received these services. This difference may reflect differences in expectations about what follow-up services are. Fifty-three percent of those who reported receiving the support, rated it as very useful or somewhat useful in finding whether they needed further services to find a job. Of those who received follow-up services and found employment, 54 percent found it useful, compared to 45 percent who did not find employment.

Six said it was useful because it helped them in their job search or helped them get a job. Two said it helped them keep focused. The respondents who rated follow-up as not useful gave these reasons: three said the service was poor, two said they could not help the client and one had a job already.

Impact on Career Choice

All clients in the respondent sample were asked whether their experience with VRS influenced any decisions they made about their training and employment goals, by helping them consider options that they would not have considered otherwise. Forty-three percent responded yes. The ideas of options that their experience with VRS helped them to consider fit into the following categories:

- employment ideas (20 respondents);
- gave the client courage or motivation to go to school (8 respondents);
- training options (6 respondents);
- motivation or confidence that the client was capable of work, or to aim higher (5 respondents);
- new ideas that the client had not known about, helped client weigh options (5 respondents);

Clients were also asked whether the experience with VRS restricted their options or choices in any way. Twenty-seven percent felt that their options or choices were restricted by VRS. The most common restrictions they described were:

- they were presented with a negative view of what they could do (6 respondents);
- understanding the client's limits helped the client focus on what they could do (4 respondents);
- VRS restricted the client's training (4 respondents);
- VRS would not fund training (3 respondents);
- VRS restricted their career options (3 respondents);
- client was given no options or possibilities (3 respondents);

Clients' Overall Satisfaction with Services

All respondents were asked to rate their overall satisfaction with the services they received from the VRS program, using the scale: very satisfied, somewhat satisfied, and not at all satisfied. Not all respondents could answer this question, however, since many did not receive any services from VRS. Of the 117 who received some services from VRS, 50 (43%) were very satisfied and 45 (38%) were somewhat satisfied overall with the services they received from VRS. Clients who found employment were more likely to be very satisfied than were clients who did not find employment (52 percent compared to 32 percent).

Exhibit VI-8 shows the percentage of respondents in each region who gave an overall rating of very satisfied or somewhat satisfied. Over 85 percent of the respondents in the North, the Vancouver Island and the Fraser Valley regions gave a rating of very or somewhat satisfied. Less than 70 percent of respondents in the Interior were satisfied with the services they received from VRS. Looking just at ratings of very satisfied, the pattern is somewhat different;

clients in the Vancouver Island region were less likely to give a rating of very satisfied than were clients in the Fraser Valley, North, or Lower Mainland regions.

Exhibit VI-9 shows the percentage of clients in each disability group who gave an overall rating of very satisfied or somewhat satisfied with services. Clients with a chronic illness were the most satisfied, with over 90 percent giving an overall rating of very or somewhat satisfied. Over 80 percent of respondents with psychiatric, physical or nervous system disabilities were very or somewhat satisfied. However, proportionately fewer clients with psychiatric disabilities were very satisfied than were clients with chronic illness, physical, nervous system or sensory disabilities. The least satisfied group were respondents with cognitive disabilities; about 65 percent gave ratings of very or somewhat satisfied.

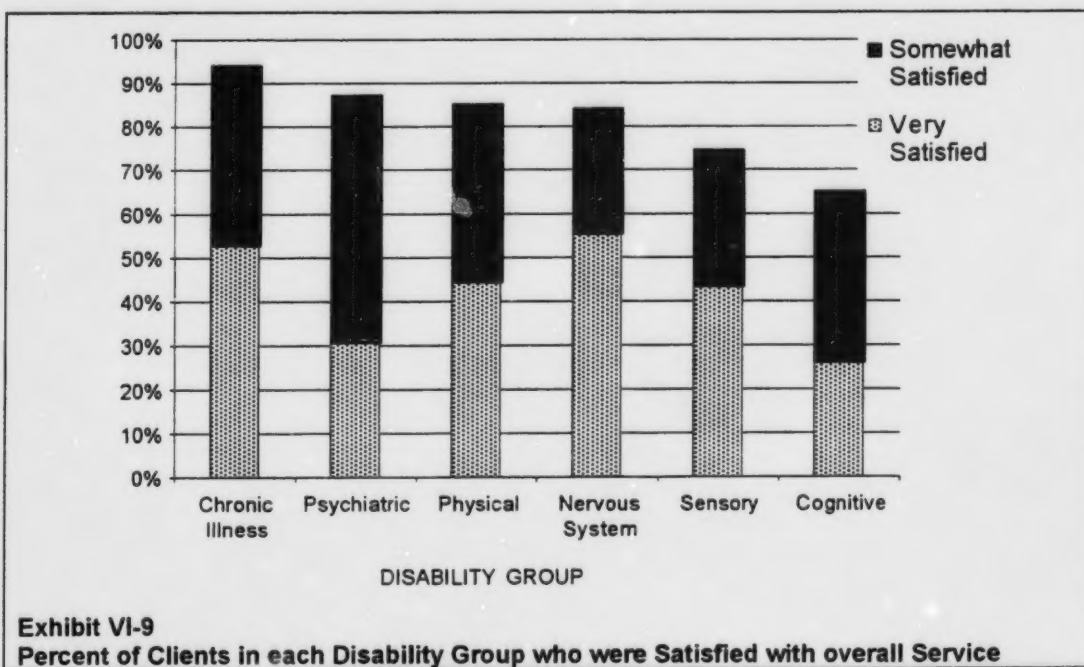
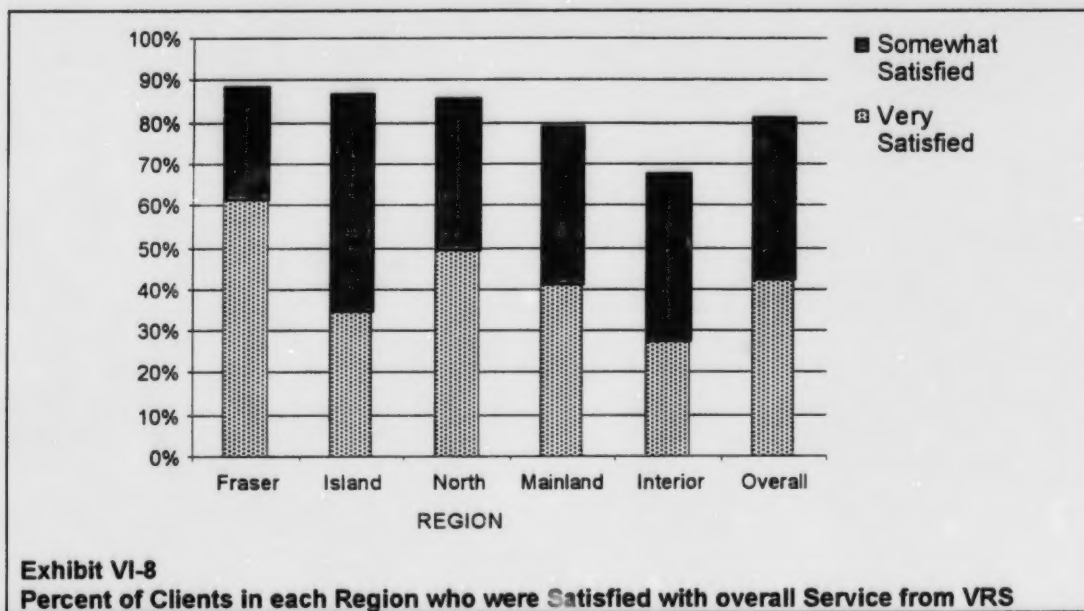
Respondents who were not very satisfied were asked: "With what part of the VRS Program were you not very satisfied?" The most frequently mentioned responses are summarized below (respondents could offer more than one response):

- dissatisfied with attitude of VRS Consultant; VRS Consultant did not communicate clearly; did not provide adequate information; VRS Consultant did not inform client about all services; VRS Consultant provided poor service (11 respondents);
- lack of positive results; did not develop job skills; not satisfied with job search assistance; did not find a job (11 respondents);
- not satisfied with some aspect of funding: training allowance; funding minimal; funding for training discontinued; would not fund training (9 respondents);
- follow-up was inadequate (6 respondents);
- not satisfied with training options that were presented/allowed (5 respondents);
- not satisfied with process: services were fragmented; too slow; rules constantly changed (3 respondents);
- not satisfied with assessment (3 respondents);
- could not get the services needed (3 respondents);

All respondents were asked for suggestions on how to change the VRS Program so it would have better met their needs. They made a variety of suggestions, which are provided in Appendix B. The key suggestions they offered were:

- increase awareness about the VRS program in general and about the specific services available to clients;
- VRS Consultants should be more accessible and be more sensitive to the needs of clients;
- VRS Consultants should provide clearer communication with clients;
- people with disabilities should be hired to work as VRS Consultants;
- simplify and speed-up the process of getting service;
- provide better assessments to meet client needs;
- improve the process of identifying a career goal; increase access to labour market information; allow for career exploration by providing opportunities for work experience before client has set goal;
- provide closer follow-up support;
- provide funding support until the training program is complete; eliminate the need for the client to re-apply each year;

- provide funding for other needs and more information about funding;
- improve coordination with other Ministries to reduce fragmentation of services to clients and to help address other needs of clients;



Views of Other Respondents

Headquarters staff, advocates and partners were asked whether the needs of clients were adequately addressed by the VRS program. Headquarters staff stated that there was not enough information to tell. Their concerns about what needs are not being address were:

- lack of good case management of clients;
- lack of adequate tracking of results;
- insufficient focus on job placement compared to assessment and training;

Partners also stated that they did not have enough information to know whether clients' needs are being meet. There concerns were:

- lack of consistency in interpretation across the province;
- too narrow a focus on the more "traditional" disabilities, i.e., physical and sensory;
- less understanding of how to serve other clients since the traditional model does not work for them;

Advocates stated that needs are not adequately met because of problems of access. They offered the following reasons:

- the program does not have sufficient resources to meet all the need;
- the program does not have a high profile; clients do not know all the options available to them;
- access is dependent upon individual interpretation; there is inadequate enforcement of policy;
- VRS Consultants have different expectations of who will be employable, and so accept different clients;
- VRS Consultants do not necessarily understand the needs of some clients and hence do not serve them;
- services are inadequate for some groups, such as those with learning disabilities, intellectual impairments; brain injury, psychiatric disabilities;
- the program does not address other barriers to employment such as lack of social or life skills, low self-esteem, addictions;
- the program does not help in access to day care, Handi-dart;

Conclusions on Meeting Client Needs

Clients who receive services from VRS generally find the services to be useful, especially institutional training and on-the-job training, and are satisfied with VRS services overall. The one exception is follow-up services, which fewer clients found to be useful compared to any other service. Another way to look at the usefulness of services is to consider how many found the service not at all useful. Assessment, career counselling, job search support and follow-up services were all rated as not useful by at least a quarter of the clients who received the service. This reflects the considerable variability that does exist in how well client needs are met.

The services VRS provides generally do meet the needs for which they were intended, as the findings in this section indicate. As reported earlier in this chapter, the services that VRS can provide are relevant to the needs of its clients. The main reason clients' needs go unmet is lack of access to these services.

D. Client Completion and Transition

Issue: How prevalent is client drop-out and re-entry? What factors influence completion and non-completion? How well does the Program accommodate client transition back and forth across components? To what extent are the reasons for dropping out disability-related? What client variables are related to completion? Are any government policies affecting client transition or influencing clients to drop out? What factors (e.g., regional, economic) affect completion?

Findings

The components of the VRS program consist of the different services that can be provided to clients. Findings under *Program Implementation* indicate that the rehabilitation process that clients experience is not necessarily one that flows from assessment to planning, from planning to training and then to job search and placement. In fact, clients typically receive only one or two of these services. In the original client sample of 300, 60 percent received three or fewer services. Over the past five years, from 1993 to 1997, roughly 60 percent of all files closed were not complete. The findings presented under *Program Implementation* show that the more services a client received, the more likely they were to complete their plan.

In this section, findings on the reasons why clients drop out are presented. The relationship between dropping out and the ease of transition across components is also examined.

First respondents were asked whether they completed all steps in their rehabilitation plan. Forty-two said yes, another 42 said no. The others either did not know or did not answer the question. Those who did complete were asked whether they took a break in the process before completing. Seven had taken a break.

Respondents who did not complete, or who took a break in the process, were asked to explain why. The reasons for taking a break before completing the rehabilitation process were (respondents offered more than one reason):

- disability or health problems (4 respondents);
- financial difficulties (2 respondents);
- family or personal responsibilities or problems (2 respondents);
- there was a problem with services: not satisfactory, could not get needed services (2 respondents);

The reasons offered by clients for not completing the plan were:

- client could not get the services needed (11 respondents);
- client is doing the training now (8 respondents);

- disability or health problems (8 respondents);
- financial difficulties (5 respondents);
- client could not complete training (e.g., too difficult) (3 respondents);
- the only service client needed was tuition (3 respondents);
- family or personal responsibilities or problems (3 respondents);
- found employment (2 respondents);
- not satisfied with service (2 respondents);
- needed more follow-up support (2 respondents);

VRS Consultants, community-based service providers, advocates, and partners were asked about the factors that they knew influenced clients to drop out of the process. The most frequently mentioned reasons for leaving before completing the rehabilitation process that respondents offered were:

- ⇒ Health problem or worsening of the disability (16 community-based service providers; 13 VRS Consultants; 2 partners; 1 advocate);
- ⇒ Financial difficulties; financial disincentives of policies of other government programs (8 VRS Consultants; 16 community-based service providers; 3 partners; 2 advocates);
- ⇒ Physical stress caused by the demands of the program (6 community-based service providers; 2 VRS Consultants);
- ⇒ Family and personal problems, stresses (8 community-based service providers; 7 VRS Consultants);
- ⇒ Lack of client commitment/motivation; client pressured into coming to VRS by Ministry of Human Resources (3 VRS Consultants; 8 community-based service providers; 1 advocate);
- ⇒ Frustration with the process; waitlists; takes too long (3 community-based service providers; 3 VRS Consultants; 1 advocate; 1 partner)
- ⇒ Lack of support (5 community-based service providers; 1 VRS Consultants; 1 advocate)

The majority of VRS Consultants and community-based service providers believe that re-entry after leaving before competing is uncommon, although some felt it was very common. Generally clients re-enter when the problem that caused them to leave has resolved or when they are more mature and motivated, or have comes to terms with their disability and are ready to proceed.

Almost all VRS Consultants and community-based service providers stated that clients can experience problems in the transition from one component of the program to the next. It is in fact at a transition point where clients are more likely to leave the process rather than continue to the next component. The most frequently cited problems clients can have with transition points in the process are:

- ⇒ Lack of support (12 community-based service providers; 2 VRS Consultants; 1 partner);
- ⇒ Waiting period before next service is available (6 community-based service providers; 1 VRS Consultant);
- ⇒ Confusion, communication problems; inconsistencies (8 community-based service providers; 2 VRS Consultants; 2 partners; 3 advocates);
- ⇒ Bureaucratic process (4 community-based service providers; 3 VRS Consultants);
- ⇒ Clients with emotional, psychological problems, or cognitive disabilities are more likely to have problems with transition or with change in general (15 community-based service providers; 10 VRS Consultants);
- ⇒ Government policies on financial support, such as Ministry of Human Resources (11 community-based service providers; 3 VRS Consultants);
- ⇒ Student loan issues (3 community-based service providers; 2 VRS Consultants);
- ⇒ Confusion/conflicting policies regarding who will serve client (e.g. HRDC) (3 community-based service providers; 2 VRS Consultants);

Conclusions on Completion and Transition

Failing to complete the VRS rehabilitation process is high according to program statistics. These statistics are misleading, however, because a client's file can be closed as incomplete for the following reasons:

- File was opened when the application was received; the client never showed up for the intake and eligibility was never determined; eventually the file was closed as incomplete; some regions pre-screen applicants and may be less likely to have files opened for people who are not interested or not eligible; regions with long waitlists may be more likely to not have clients show for the intake because the client has found another program to meet their needs, or has moved.
- The file can be closed when the client is receiving services that are not funded by VRS; The client may still be pursuing his/her goal and has not "dropped out" of the process.
- The client may experience health problems or a worsening of the disability and may be taking a break with the intent of returning; the client is not pursuing the plan at the time, but is expected to return.
- The client, for what ever reason, has decided not to continue with the rehabilitation process.

The data base does not have codes that make it possible to distinguish among these alternatives and hence the code "incomplete" is used, although sometime the files are closed as "complete". There is no reliable information on prevalence of failing to complete. Some clients had difficulty answering the question, since it did not always make sense to them. This may be because they did not always have a plan, and hence the question about completing the plan is not meaningful to them.

Transition across program components appears to be a weak point in the program. This is a point where clients may encounter problems in accessing the next service, as described earlier, under *Access to Services*. It is also the point where delays or problems may cause them to "drop out" of the vocational rehabilitation process.

The disincentives in the Ministry of Human Resources' policy on eligibility for support while in training appears to be a significant factor in influencing clients to "drop out". Inconsistencies in interpretation of VRS policy, and differences in availability of services across regions, as described earlier, also affect access to service, and hence have an impact on the success of the transition across components.

VII. Findings on Program Effectiveness

A. Employment Outcomes

Issue: How many VRS clients find post-program employment? When do they find employment? How many VRS clients find employment in the field for which they trained? How do clients find employment? How many find jobs through VRS job placement services vs. some other way?

What client circumstances and characteristics influence success in finding employment? If a client has not found employment, why not? Are they actively searching for employment, have they obtained interviews?

What kinds of post-program jobs do clients obtain? Range of jobs obtained? Part-time? Full-time? Temporary? Volunteer? Salary ranges?

Findings

The primary purpose of the evaluation was to examine program delivery with the goal of finding ways to improve delivery. The results of the service clients received is an important part of the information needed when examining the effectiveness of delivery. The primary result or outcome of the VRS program is employment.

In this section, findings are presented on the success of VRS clients in finding employment after they leave the program, and on how their experience with VRS influenced their success. Respondents were selected from the population of cases that were closed in the later six months of 1997. They were interviewed during the period from June to August 1998, which would be approximately six months to one year after the client's file had been closed. Consequently, employment outcomes are addressed within a short time frame. There is no information on the stability of employment over the long term.

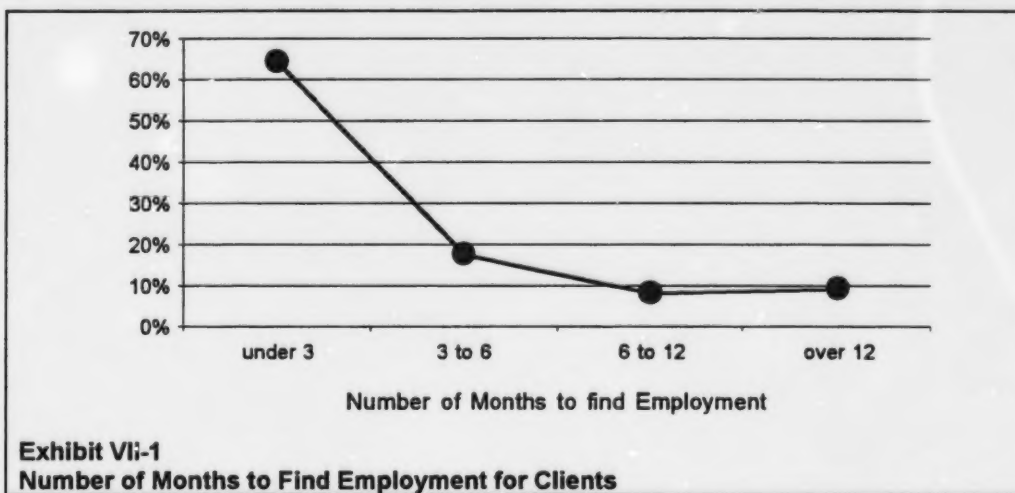
Employment Success

All respondents in the client sample, regardless of whether or not they completed their plan, were asked whether they found a job after leaving the VRS program. Those who were employed were asked how long it took to get the job, and whether it was related to their employment goal.

Employment Outcomes

Forty-nine percent of respondents did find a job after leaving VRS. Eighty-two percent were still working at the time of data collection, as well as five others who were employed when they went to VRS for vocational crisis support. Fifty-four percent were still in the same job they found when leaving VRS.

The time it took to find a job is graphically portrayed in Exhibit VII-1, which shows the percent of clients with employment who found the job within 3 months, between three to six months, between six months to a year, or over one year after leaving VRS. Most respondents who had found employment did so within the first three months after leaving VRS.



Employment success varied across disability groups. The percent of respondents in each disability group who found employment is presented in Exhibit VII-2. Respondents with cognitive disabilities were the most successful, with 71 percent finding employment, while respondents with either sensory or chronic illness disabilities were least successful, with about a third finding employment.

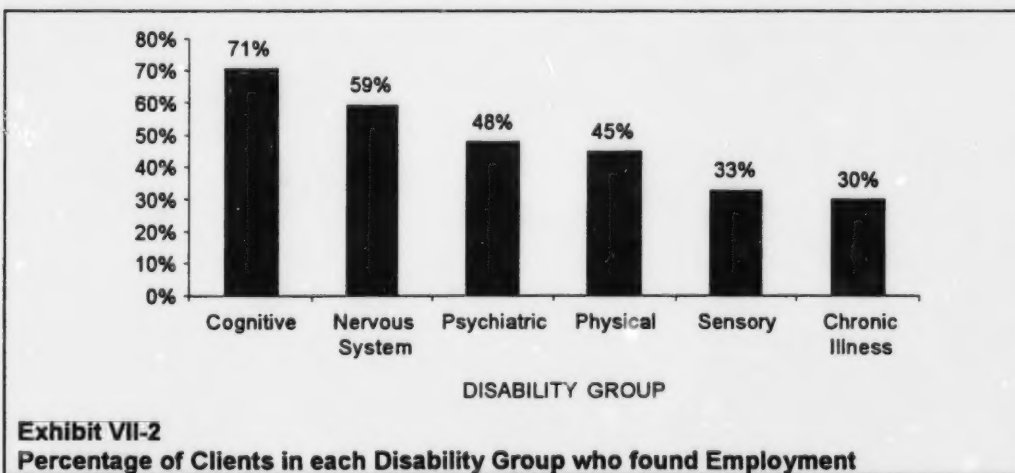
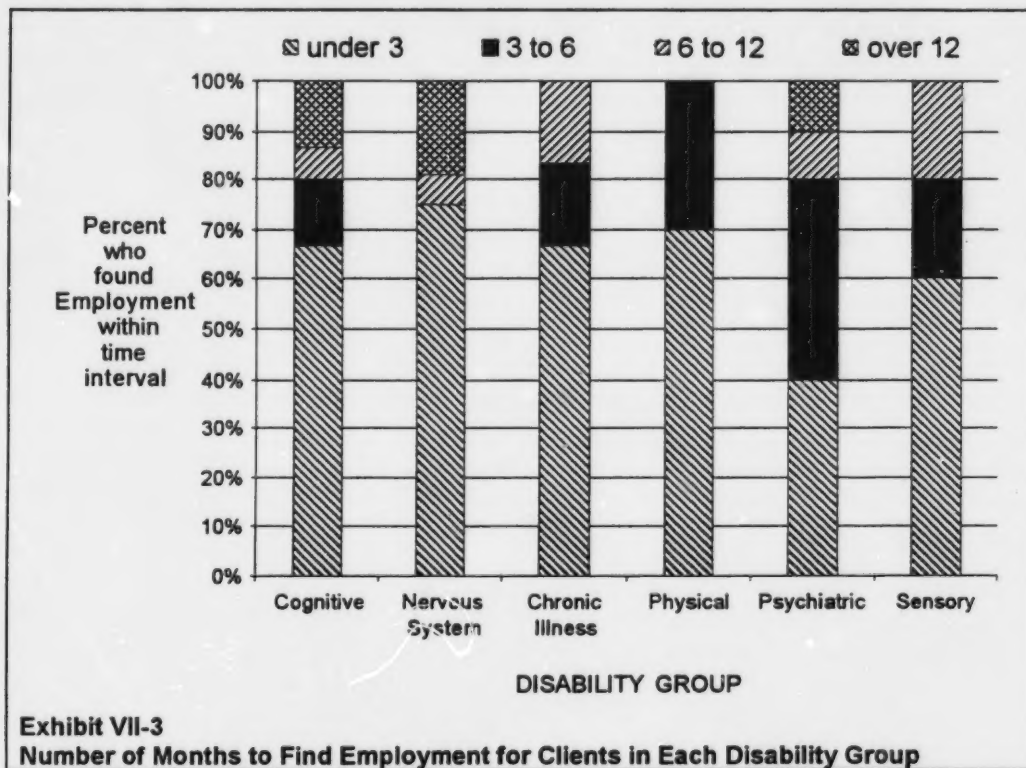


Exhibit VII-3 shows the percentage of clients within each disability group who found employment at each time interval. The percent who found employment within three months varied from 40 percent for respondents with psychiatric disabilities, to 75 percent for respondents with nervous system disabilities. Combining the information from Exhibits VII-2 and VII-3 reveals that, although more respondents with cognitive disabilities found work overall, more of them took over three months to find work than did respondents with nervous system disabilities. On the other hand, respondents with sensory disabilities were less likely to find work, but if they did, they were more likely to find work within three months than were respondents with psychiatric disabilities, although respondents with psychiatric disabilities were more likely to find work in the end.



The percent of respondents in each region who found employment is presented in Exhibit VII-4. Employment success ranged from 44 percent in the Fraser Valley and Vancouver Island regions to 60 percent in the North region. Since the regions have different client profiles, as well as different economic and labour market conditions, comparison of employment success is difficult. Employment success can be expected to be influenced by local labour market and economic conditions, as well as by the clients disability.

For the respondent sample, there was a relationship between the success of clients in finding employment and the distribution of clients by disability group. Table VII-1 shows the percentage of clients in each disability group for each region. The North, with

the highest proportion of clients who found employment, had the highest proportion of clients in the three most successful disability groups: cognitive, nervous system and psychiatric. The Lower Mainland, with the second highest proportion of clients who found employment, had almost as many clients, proportionately, in the three most successful groups. Vancouver Island, which had one of the lowest proportion of clients who found employment, also had the fewest clients in the three most successful groups. This relationship held for all regions except the Fraser Valley, which had an equal proportion of clients in the three most successful groups as in the three least successful groups.

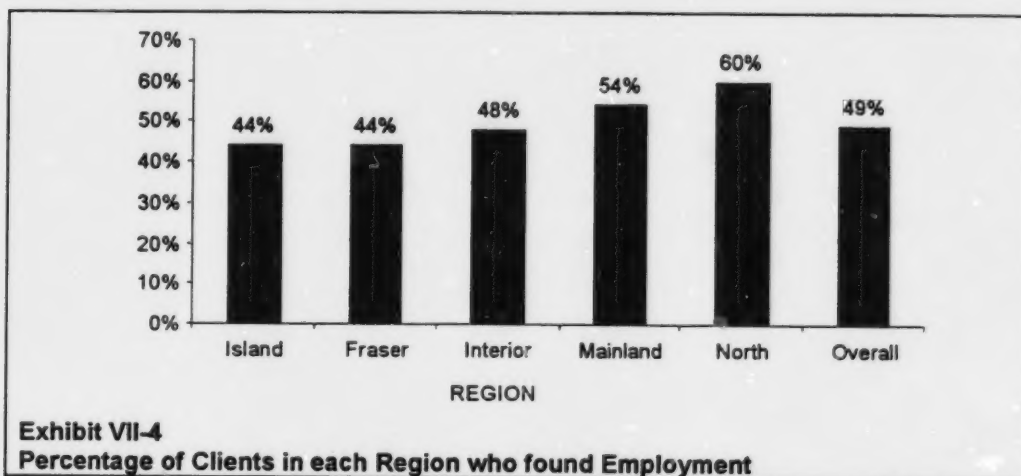
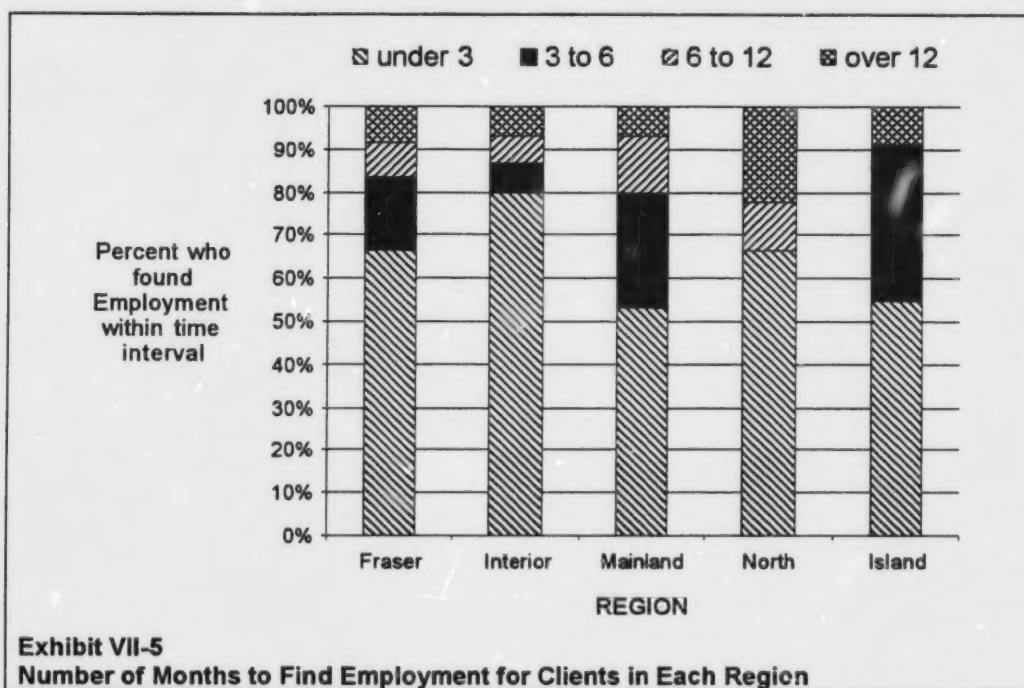


Table VII-1
Distribution of Clients by Disability Group for each Region

Disability	Fraser Valley	Interior	Lower Mainland	North	Vancouver Island	Grand Total
Cognitive	14%	20%	25%	12%	13%	18%
Nervous System	17%	20%	22%	29%	23%	22%
Psychiatric	21%	15%	16%	24%	10%	16%
Physical	17%	18%	13%	12%	20%	16%
Sensory	14%	15%	13%	6%	20%	14%
Chronic Illness	17%	13%	13%	18%	13%	14%

The percent who found employment within the first three months varied across regions, from a low of 55 percent for Vancouver Island and the Lower Mainland to a high of 80 percent for the Interior. This is portrayed in Exhibit VII-5.



Achievement of Clients' Employment Goal

Thirty-four out of the 64 who had found a job said that the job was related to their employment goal. Those who had a job related to their goal were more likely to have found the job within three months than were those whose job was not related to their goal (71% versus 59%). Completing the plan increased the chance of finding employment related to the goal to 63 percent.

The reasons respondents offered for having a job that was not related to their goal are:

- client doesn't have the necessary training for job related to employment goal (10 respondents);
- client doesn't have the necessary experience for job related to employment goal (6 respondents);
- there were no jobs related to the employment goal (6 respondents);
- client took the first job the client was offered; needed money (9 respondents);
- the job related to the goal was not a good fit for client (4 respondents);
- client does not have a goal (2 respondents);

The 25 respondents who were in a different job from the one they first got after leaving VRS were also asked whether it was related to their employment goal. Half had a job that was related to their goal and half did not. The reasons these respondents offered for having a job that was not related to their goal are:

- there were no jobs related to the employment goal (4 respondents);
- client doesn't have the necessary training for job related to employment goal (3 respondents);
- client took the first job the client was offered; needed money (3 respondents);
- client doesn't have the necessary experience for job related to employment goal (2 respondents);
- the job related to the goal was not a good fit for client (2 respondents);
- client does not have a goal (2 respondents);

How Employment was Found

Respondents who had found a job were asked how they found it. These are their responses:

- self-directed job search (30 respondents);
- on-the-job training or co-op that led to a job (11 respondents);
- family or personal contacts (7 respondents);
- job placement services (6 respondents);
- volunteer work experience (4 respondents);
- self-employment (2 respondents);
- through association for persons with disabilities (3 respondents);

Only a minority (six respondents) reported finding employment through a job placement service. None the less, respondents who received job search support through VRS were more likely to find employment (61%) compared to those who did not receive job search support (45%).

Factors that Influence Employment Success

Clients who got a job were more likely to be a female under the age of 50 who has completed their plan. Clients who did not get a job were less likely to have completed their plan, were more likely to be over the age of 50 and male. Finding employment after VRS was not related to whether or not the client had employment experience before entering VRS. Education prior to entering VRS was not related to finding employment. There was a small relationship between education attained since entering VRS and finding employment. Clients who had some post secondary or a vocational certificate had a higher chance of getting a job.

Success in finding employment was related to the stability of the disability, in that clients with deteriorating conditions were less likely to find employment (35%), compared to clients with either stable or fluctuating conditions (51% or 57%, respectively). Success was strongly related to the age the client acquired the disability. Clients who acquired the disability at birth were more likely to find employment (66%), compared to clients who developed the disability before adulthood (50%), or as an adult (40%). Success was somewhat related to age, in that clients under 50 were more likely to find employment (60%) than were clients over 50 (38%). Gender, as already mentioned, was a factor in that women were somewhat more likely to find employment (55%) than were men (47%).

The majority, 76 percent, of clients had had a job at some time prior to coming to VRS. Thirteen percent had less than one year of experience, 24 percent had from one to four years of experience, and 58 percent had five or more years of experience. Forty-one percent left the job because of their disability. Those who left a job due to their disability were less likely to find employment (36%), compared to those who did not leave due to the disability (60%). Clients who had had a job in the past were no more likely than clients who had not, to have found employment since leaving VRS. There was a relationship to length of experience and success in finding employment. Clients with less than a year of experience were less likely than clients with more experience to have found employment (35% versus 52%). Of the clients who had found employment and had previous work experience, 44 percent had found a job related to their previous job.

Reasons for Lack of Success

Clients who did not have a job were asked why they hadn't found employment and whether they were looking for work. The most frequently cited reasons for not being employed were (respondents could give more than one reason):

- client's disability is a barrier to employment (25 respondents);
- client does not have necessary training for the job they want (19 respondents);
- client has not been looking for work (19 respondents);
- client does not have necessary work experience (8 respondents);
- discrimination by employers (7 respondents);
- there are no jobs in community and client does not want to or can't move (4 respondents);
- there are no jobs related to the client's goal (4 respondents);

Clients who are not looking for work were asked why they weren't. These are their reasons:

- client's disability/health has deteriorated (6 respondents);
- client does not have the necessary training for the job they want (5 respondents);
- family responsibilities or problems (2 respondents);
- there are no jobs in community and client does not want to or can't move (1 respondent);
- client is still in training (1 respondent);

Of the clients who are looking for work, 29 percent have been looking for less than 3 months and 55 percent have been looking for over a year. Thirty-four percent are looking for a job related to one they held before applying to VRS. The following are the most frequently reported ways they were looking for work (they could offer more than one):

- self-directed job search (24 respondents);
- job placement services (8 respondents);
- family or personal contacts (6 respondents);
- on-the-job, co-op or volunteer work experience (3 respondents);

Forty percent had been able to obtain interviews. The most frequently reported reasons for not being able to obtain interviews were:

- the client had just started looking (5 respondents);
- the client had never received a response to resume/application (4 respondents);
- there were no jobs in the client's field (4 respondents);
- the client lacked sufficient qualifications/training (3 respondents);
- health or disability was a barrier (3 respondents);

Relation Between Finding Employment and Program Services

The relation between success in finding employment and the type of service clients received was explored to find out whether the specific services that clients do receive make any difference in their success in finding employment. Information was available from VRS Consultants on whether clients received assessment, planning, financial aid for training, on-the-job training, job search or follow-up services.

Through the survey questions itself, clients indicated whether or not they had attended a post-secondary training institution. Since a number of clients took training without receiving any financial aid from VRS, having received financial aid is not a good predictor of having taken training (65% of those who took training had received financial aid from VRS). Consequently, training was used rather than financial aid, in the analysis to explore the impact of training on employment success.

There were differences in the number of services clients received, from 0 to 6. Of the clients who received services from VRS, 52 percent found employment, compared to 36 percent of those who received no services from VRS. Success in finding employment was related to the number of services the client received. This is shown in Table VII-2 and VII-3, for each region and each disability group, respectively. Those who found employment received, on average, 2.5 services from VRS, compared to 1.7 for those who had not found employment. There were differences across regions and across disability groups in the number of services received, but, for most regions and disability groups, the client who found employment had received more services from VRS than the client who did not find employment. The only exception to this was in the Vancouver Island region, and for the physical disability group, where the number of services received for those who found employment was the same as for those who did not.

The amount spent on clients is also shown in Tables VII-2 and VII-3. Clients who found employment generally had more money spent on them by VRS than clients who did not find employment. Overall, \$5,142 was spent, on average, on clients who found employment, compared to \$3,825 on clients who did not find employment. This was true for all disability groups except the psychiatric disability group, and all regions except the Lower Mainland and the North. In two of these cases, more money was spent on the clients who did not find employment than on the clients who did.

Table VII-2**Cost & Number of Services in Relation to Employment Success by Region**

Region	Average Cost per Client		Average # of Services per client	
	Found	Had not found	Found	Had not found
	Employment	Employment	Employment	Employment
North	\$3,004	\$5,437	2.2	1.2
Fraser Valley	\$9,780	\$6,603	3.5	1.8
Lower Mainland	\$4,626	\$4,913	3.1	2.8
Vancouver Island	\$6,483	\$3,056	1.7	1.7
Interior	\$2,345	\$1,044	2.0	1.2
Overall	\$5,142	\$3,825	2.5	1.7

Table VII-3**Cost & Number of Services in Relation to Employment Success by Disability**

Disability Group	Average Cost per Client		Average # of Services per client	
	Found	Had not found	Found	Had not found
	Employment	Employment	Employment	Employment
Cognitive	\$4,916	\$2,258	2.3	2.0
Psychiatric	\$821	\$1,624	1.7	0.9
Chronic Illness	\$6,816	\$2,838	3.8	1.9
Nervous System	\$5,328	\$2,905	2.6	1.4
Sensory	\$3,625	\$8,185	3.2	1.9
Physical	\$9,672	\$5,793	2.4	2.3

Respondents who had completed their plan (according to VRS records) were more likely to be employed (62%) compared to those who did not complete (37%). This was true for all regions, and for all disability groups except the cognitive disability group, where completion had no relation to finding employment.

The specific services clients received also made a difference to employment success. Clients received different combinations of services. For a meaningful analysis of the relation between services received and employment success, there needed to be sufficient numbers of clients receiving the same combination of services. Therefore only the common patterns, where the number of clients receiving the services was high enough, were explored. Table VII-4 shows the number of clients who received a specific service, or combination of services, and the percentage of those who were employed.

The following observations can be made from the findings in Table VII-4:

- ⇒ Clients who received a service were more likely to be employed than were clients who did not receive that service, except for follow-up, which had no relation to employment success.
- ⇒ Clients who received on-the-job training were more likely to be employed. However, on-the-job training was provided with at least two other services: it is not possible to determine what combination of services with on-the-job training was the most effective.

- ⇒ Receiving training on its own, with no other services, was not effective; only 35 percent of these clients were employed, compared to 36 percent employed with no VRS services or training.
- ⇒ Receiving assessment on its own was also not effective; only 44 percent were employed compared to 48 percent who received any service other than assessment.
- ⇒ Receiving assessment and planning with no other services was effective; 72 percent were employed compared to 54 percent who received any service other than assessment and planning.
- ⇒ Receiving job search services in addition to assessment and planning (with or without other services) had little effect over assessment and planning alone; 79 percent were employed compared to 72 percent.
- ⇒ The most successful group were those who received both assessment and planning and completed their plan; 86 percent were employed compared to 54 percent who did not complete their plan but received both assessment and planning. No other combination of services produced a higher success rate.

Assessment, planning and completing their plan, was related to employment success for all regions, except the North, and for all disability groups, except the psychiatric disability group. In these two cases, there was no difference in the likelihood of finding a job for those who completed or did not complete, but the number of clients in these comparisons is very small.

As reported earlier, clients in the North were more likely than others to find employment. Almost all clients in the North received training. Other services were provided infrequently, so there are not enough clients to do comparisons across patterns of service. Clients with cognitive disabilities were more likely than other clients to find employment. For these clients, receiving job search support increased the chance of getting employment; 86 percent found employment with job search compared to 62 percent without job search. Completing their plan was not related to employment success.

Assessment and planning did not improve a client's chance of finding employment related to their goal, but training and job search support did. Of clients who found a job, the job they found was related to the client's goal for 83 percent for clients who received training and job search support, compared to 27 percent for clients who did not receive either, or 50 percent for clients who received training, but no job search.

It is important to realize that the comparisons are of different clients, who may have had different needs. The clients who did well with only assessment and planning may not have needed training or job search support, for example.

Table VII-4
Employment Rates in relation to Services Received

Services Received	Number	% Employed
No VRS service or training	14	36%
Any VRS service, excluding training	31	48%
Any service other than assessment	40	48%
Assessment only	9	44%
Assessment with other services	56	59%
Any service other than planning	53	45%
Planning (with or without other services)	52	62%
Any service other than financial aid	50	48%
Financial aid (with or without other services)	55	58%
Any service other than training	31	48%
Training only	20	35%
Training with other services	62	60%
Any service other than on-the-job training	91	49%
On-the-job training (with other services)*	14	79%
Any service other than job search support	72	50%
Job search (with or without other services)	33	61%
Any service other than follow-up services	76	53%
Follow-up (with or without other services)	29	55%
Any service other than assessment and planning	24	54%
Assessment and planning only	7	72%
Assessment and planning and plan completed	22	86%
Assessment and planning and plan not completed	15	47%
Assessment, planning and job search (with or without other services)	14	79%
Training, assessment, and planning only	12	67%
Training plus any service other than assessment and planning	23	57%
Training, assessment, planning, job search (with or without other services)	11	82%

* On-the-job training was always provided in combination with at least 2 other services.

Description of Employment Found

The following is a profile of the type of employment clients had at the time of data collection:

- Self employed: 9;
- Regular/permanent: 48;
- Full-time: 39;
- Volunteer: 5;
- Government subsidized salary: 7;

The following summarizes the employment by business sector:

- Provincial/ Federal Government: 1;
- Education: 3;
- Health and social services: 18;
- Financial, insurance, legal, and real-estate: 2;

- High technology: 4;
- Communication: 1;
- Business services: advertising, consulting, secretarial: 2;
- Personal/household services: 1;
- Retail and wholesale: 7;
- Accommodation and food: 14;
- Amusement and recreation: 1;
- Manufacturing: 2;
- Resource based: forestry, mining, fishing, agriculture: 5;
- Construction trades: 0;
- Other: 7;

The monthly salary ranges (before deductions) are as follows:

- \$500 or less: 22;
- between \$501 to \$1,000: 11;
- between \$1,001 to \$1,500: 10;
- between \$1,501 to \$2,000: 4;
- over \$2,000: 14;

Conclusions on Employment Outcomes

About half of the VRS clients interviewed found employment. Of those who completed the VRS rehabilitation process, over 60 percent found a job. The majority found employment within three months of leaving VRS and were still employed in the original job when they were interviewed. Overall, only 34 percent found employment related to the goal pursued through VRS, but for those who completed their plan, 63 percent found a job related to their goal. Receiving both training and job search support increased the likelihood that the job found was related to the clients' goal to 83 percent. Those who had found a job related to their goal usually found it within three months. The longer the client spent looking for work, the more likely they were to obtain a job not related to their goal.

The client who is successful in finding employment is more likely to have completed their training plan, be under 50 and female, have a cognitive or nervous system disability, and some post secondary education or vocational certification, and live in the North or the Lower Mainland. The job is typically a regular full-time position in the health and social services or tourism sectors.

The relation between employment success and the type of services clients' received suggests that, while assessment and planning are important to the overall success of clients finding employment, training in and of itself is not enough. It appears that the most effective combination of services is assessment and planning, in combination with completing the vocational rehabilitation plan. These clients were more likely to be employed than any other group. Receiving training and job search support in addition to assessment and planning improved the likelihood that the job clients found was related to their employment goal. Caution must be exercised in interpreting these findings, however, because the comparisons are across different clients who may have had different needs, and who may have been just as successful (or unsuccessful) in finding employment without VRS. Without a comparison

group of people with similar disabilities and similar needs, who did not receive services from VRS, it is not possible to prove that receiving services from VRS caused the employment results that were found.

B. Preparation for Employment

Issue: To what extent are clients prepared for competitive employment when they have completed the Program?

Findings

Clients who found a job as well as clients who did not find a job were asked how well prepared they were for the job they obtained, or, for those not employed, for a job related to their employment goal. Employers in the training programs were asked how well prepared the client was for the job. All were asked to rate the adequacy of the client's preparation for the job using the scale: more than adequate, adequate and less than adequate. These results are presented in Table VII-5. Clients who completed their rehabilitation process with VRS were more likely to rate themselves as prepared for employment than were clients who did not complete, whether or not they got a job, as is shown in Table VII-6.

Table VII-5
Adequacy of Client Preparation for Employment

	More than adequate	Adequate	Less than adequate	Don't know
Employed Client	42%	27%	16%	16%
Unemployed Client	20%	24%	39%	17%
Employer	44%	39%	11%	6%

Table VII-6
Client Preparation for Employment in Relation to Completion

	More than adequate	Adequate	Less than adequate	Don't know
Employed Client				
Complete	47%	29%	13%	11%
Incomplete	36%	23%	19%	23%
Unemployed Client				
Complete	30%	30%	33%	7%
Incomplete	13%	21%	43%	23%

Clients views on preparation for employment were related to the services they received. Those clients who were employed, and who received assessment, planning and completed their plan were much more likely to feel they were prepared for employment (83%) compared to clients who received assessment, planning but did not complete their plan (40%).

These are the reasons client respondents offered for why they felt they were not adequately prepared for employment:

- did not receive training; had no plan (9 clients who did not find employment; 1 client who did find employment);
- there was a problem with the assessment or direction provided through VRS (4 clients who did not find employment);
- the client is still in training (3 clients who did not find employment);
- training incomplete; needs more training (6 clients who did not find employment; 3 clients who found employment);
- not physically able to do the job (2 clients who did not find employment; 2 clients who found employment);
- job not related to training (2 clients who found employment);

Only two employers out of 18 rated the employee as less than adequately prepared. Both were private sector employers. In both cases the employers felt that the client had misrepresented the skills they had and did not have the skills for which they were hired.

Conclusions on Preparation for Employment

Completing the VRS rehabilitation process does leave clients at least adequately prepared for employment, especially for clients who receive assessment and planning services. This is evident in clients' self-ratings, as well in the likelihood of getting a job, since these clients are more likely to get a job, and the job is more likely to be related to their employment goal.

C. Unintended Outcomes

Issue: What unintended outcomes is the Program producing?

Findings

Sometimes programs create results that were not intended, either positive or negative. VRS Consultants, community-based service providers, and advocates were asked whether they knew of results of the VRS program that were not intended. More respondents identified positive unintended results than negative results. Three VRS Consultants, 7 community-based service providers and 2 advocates did not know of any unintended results. These are the most frequently mentioned positive results that respondents offered:

- ⇒ Clients develop an increased understanding of their limitations and abilities (7 VRS Consultants; 18 community-based service providers);
- ⇒ Clients learn about other services available to them (5 VRS Consultants; 4 community-based service providers);
- ⇒ Improved public awareness of people with disabilities and their employment needs and employment potential (2 VRS Consultants; 7 community-based service providers);

- ⇒ Improved physical health of client (1 VRS Consultants; 2 community-based service providers);
- ⇒ Improvement in clients' personal life, family life (1 VRS Consultants; 2 community-based service providers);

The negative results of the VRS program that respondents described were:

- ⇒ Negative impact on client's self-esteem by focussing too much on limitations (3 VRS Consultants; 2 community-based service providers; 2 advocates);
- ⇒ Encourages dependency of client on system for support (3 community-based service providers);
- ⇒ Promotes segregation of people with disabilities (2 community-based service providers; 1 advocate);

Conclusions on Unintended Outcomes

The primary unintended outcomes of the program are positive. These include increasing the clients' understanding of their limitations and their abilities, as well as their knowledge of the services available to them. Another positive unintended outcome is increased public awareness of the needs and employment potential of people with disabilities.

D. Achievement of Program Objectives

Issue: To what extent are the short-term, intermediate and long-term objectives for each Program component being met across all disability groups?

Findings

Clients' Views on Effectiveness of VRS

All respondents were asked to provide ratings on the effectiveness of the VRS program in achieving its objectives. Specifically, clients were asked to rate the VRS program as either very effective, somewhat effective or not effective in helping them develop job skills, and in helping them find employment. Their ratings are summarized in Tables VII-7 and VII-8. Clients who completed their plan, and clients who found employment were more likely to rate the program as effective in helping them develop job skills and in helping them find employment than were clients who did not complete, or did not find a job. Overall, the program is rated as more effective in helping clients develop job skills than in helping them find employment, regardless of whether or not the client found employment.

Every client who did not rate VRS as very effective was asked to explain in what way VRS was not effective. With respect to developing job skills, the most frequently mentioned ways that VRS was not effective were:

- the client did not receive services they needed (11 respondents);

- VRS did not help client accomplish their goal (10 respondents);
- VRS did not support the clients' needs (8 respondents);
- client already has the skills that VRS was offering to train client in (7 respondents);
- client did not complete the program (3 respondents);
- client not given enough information about service options available (2 respondents);
- what VRS offered did not match clients interests and/or abilities (2 respondents);

With respect to helping clients find employment, the most frequently mentioned ways in which VRS was not effective that were offered by clients were:

- either no job search support was provided, or the service provided was poor (25 respondents);
- VRS offered were either not useful or not appropriate (8 respondents);
- there were no results; the client did not find a job (8 respondents);
- client did job search on their own (7 respondents);
- client has not finished program yet (6 respondents);
- there was lack of continuing support (5 respondents);
- client did not receive services (5 respondents);
- process was not supportive of clients needs (5 respondents);

Table VII-7

Clients' Ratings of Program Effectiveness in Developing Job Skills

	Very Effective	Somewhat Effective	Not Effective	Don't know
Employed Client	37%	25%	24%	14%
Unemployed Client	19%	24%	26%	31%
Client Completed	36%	31%	18%	15%
Client Incomplete	20%	17%	29%	34%
Overall	28%	25%	25%	22%

Table VII-8

Clients' Ratings of Program Effectiveness in Finding Employment

	Very Effective	Somewhat Effective	Not Effective	Don't know
Employed Client	22%	19%	25%	33%
Unemployed Client	10%	15%	41%	34%
Client Completed	19%	18%	31%	32%
Client Incomplete	12%	16%	33%	39%
Overall	16%	17%	32%	36%

Clients' Views on Accomplishments

Clients were asked whether they had accomplishments that would not have happened without the program. One hundred and one clients identified at least one accomplishment that they feel they would not have done without the program. There were five types of accomplishments that clients were able to identify (clients could identify more than one):

- ⇒ Training, including beginning or completing training, or completing training in a shorter time period (40 respondents);

- ⇒ Improved directions, such as greater awareness and understanding of the career options available to the client, and increased understanding of the limitations of their disability (32 respondents);
- ⇒ Psychological benefits, such as increased self esteem, self confidence, motivation, improved life skills and reduced stress (19 respondents);
- ⇒ Employment related benefits, such as work experience, employment skills, job search skills, or a job (15 respondents);
- ⇒ Resources to complete their vocational plan, including financial support (11 respondents), technical aids (7 respondents), assessment (5 respondents), knowledge of services available and how to access them (6 respondents).

Clients were asked whether they would have been able to receive similar help from another agency or program if the VRS program had not existed. Sixty-three percent said that they could not, and 23 percent did not know. Of those who said they could have received support elsewhere, these are the responses they gave when asked what program or agency they would have used:

- Canada Employment/HRDC/EI (5 respondents);
- community-based employment services (3 respondents);
- Ministry of Human Resources (3 respondents);
- unknown; any agency the client could find (4 respondents);
- community-based social agency (2 respondents);
- apprenticeship branch (1 respondent);
- school district (1 respondent);
- organizations for people with disabilities (1 respondent);

Clients who said they could not have received support elsewhere if VRS did not exist were asked what they would have done without program services from VRS. These are there responses:

- would not have been able to retrain/increase education; hence fewer job opportunities (13 respondents);
- struggled to get training (12 respondents);
- do not know (10 respondents);
- would not have been able to get off welfare (9 respondents);
- follow a different career path (8 respondents);
- nothing; would have been discouraged (4 respondents);
- tried to get funding from another agency (4 respondents);
- gone with the flow (3 respondents);
- borrowed money privately to train (3 respondents);
- Canada Employment/HRDC (3 respondents);
- taken a longer time to complete training (2 respondents);
- stayed as a volunteer (2 respondents);

Views of Other Respondents on Effectiveness of VRS

Other respondents were also asked to rate the program's effectiveness in achieving these two goals. Their ratings are summarized in Tables VII-9 and VII-10. Because some groups are so small, responses have been combined as follows:

- headquarters staff and Ministry management are in one group call Ministry staff;
- advocates and partners are in another group called stakeholders;

A number of respondents were reluctant to rate the program's effectiveness because of lack of outcome information on the program. Overall, the VRS program was rated as more effective in helping clients in developing job skills than in helping their clients find employment. The main concern expressed is that the program is more focussed on developing job skills than on helping clients find employment, in terms of the services clients receive. In addition, some respondents point out that there are limited employment opportunities and that this affects people with disabilities more than people without disabilities.

Table VII-9
Respondents' Ratings of Program Effectiveness in Developing Job Skills

	Very Effective	Somewhat Effective	Not Effective	Don't know
Ministry staff	38%	13%	0	50%
Stakeholders	10%	70%	10%	20%
Field Management	30%	50%	10%	20%
VRS Consultants	57%	43%	0	0
Community-based service providers	39%	53%	6%	3%

Table VII-10
Respondents' Ratings of Program Effectiveness in Finding Employment

	Very Effective	Somewhat Effective	Not Effective	Don't know
Ministry staff	0	38%	13%	50%
Stakeholders	0	30%	50%	20%
Field Management	10%	60%	20%	0
VRS Consultants	7%	79%	14%	0
Community-based service providers	22%	69%	6%	3%

VRS Consultants and community-based service providers were also asked to rate the effectiveness of the program on a number of short-term objectives of the program. These are summarized in Tables VII-11 and VII-12, respectively.

Table VII-11
VRS Consultants' Ratings of Program Effectiveness

Short-term Objective	Very Effective	Somewhat Effective	Not Effective	Don't know
How effective are assessment services in identifying client abilities and realistic employment opportunities?	43%	57%	0	0
How effective are planning services in developing realistic employment/career plans?	43%	57%	0	0
How effective are the services to identify adaptive technology needs in correctly identifying the adaptive technology needs of clients?	43%	50%	7%	0
How effective is the adaptive technology that is provided in reducing barriers to training and employment that are due to the clients disabilities?	71%	21%	7%	0
How effective is financial aid in reducing financial barriers to carrying out career plans?	21%	50%	29%	0
How effective are the services to facilitate access to training in ensuring clients find training that gives them the knowledge and skills for employment appropriate to their career plan?	36%	64%	0	0
How effective are the job placement services in helping clients develop job search skills?	21%	57%	21%	0
How effective are the employment support services in reducing barriers to employment that are due to the clients disabilities?	21%	71%	7%	0

In general, VRS Consultants gave higher effectiveness ratings than did community-based service providers and community-based service providers are more likely to not have enough information to give a rating. VRS Consultants rate assessment and planning services as more effective than placement and employment support services, while community-based service providers gave these services similar ratings. Both groups were more likely to rate financial aid as not effective than any other service. Overall, VRS Consultants are more consistent in their ratings than are community-based service providers. This may be because different community-based service providers provide different services and only have a limited perception of the services they don't provide.

Table VII-12
Community-Based Service Providers' Ratings of Program Effectiveness

Short-term Objective	Very Effective	Somewhat Effective	Not Effective	Don't know
How effective are assessment services in identifying client abilities and realistic employment opportunities?	31%	56%	8%	6%
How effective are planning services in developing realistic employment/career plans?	36%	53%	8%	3%
How effective are the services to identify adaptive technology needs in correctly identifying the adaptive technology needs of clients?	36%	33%	6%	25%
How effective is the adaptive technology that is provided in reducing barriers to training and employment that are due to the clients disabilities?	25%	22%	8%	44%
How effective is financial aid in reducing financial barriers to carrying out career plans?	14%	50%	33%	3%
How effective are the services to facilitate access to training in ensuring clients find training that gives them the knowledge and skills for employment appropriate to their career plan?	36%	42%	17%	6%
How effective are the job placement services in helping clients develop job search skills?	36%	53%	3%	9%
How effective are the employment support services in reducing barriers to employment that are due to the clients disabilities?	39%	53%	6%	3%

Conclusions on Achievement of Program Objectives

In the view of respondents, the VRS program is making a reasonable effort at addressing its short- and long-term objectives. They rate the program as more effective in the area of assessment and developing job skills than in assisting clients in finding employment. This is because its efforts have been focused more on the former services and less on the services needed to find employment once the client has the job skills. In the view of clients, the VRS program has allowed them to accomplish things they would not have been able to accomplish without the VRS program. The most notable accomplishments that clients identified were completing training, and improving their understanding of their career options.



Appendix A. Population and Sample Information

Description of Client Population

For the evaluation, the client population was defined as those clients who were no longer receiving services from VRS, whose file had been closed in the period from July to December 1997. The population was restricted to the last half of 1997 to increase the probability of being able to contact the clients, since the information in their files would less likely be out of date. It was recognized that these clients would have only had a limited opportunity to find employment, so employment data from this population cannot be taken as a complete indicator of the success of the Program. However, the primary purpose of this evaluation was to focus on service delivery issues. It was expected that this population would be able to remember their experience with the services they had received and would thereby be useful sources of information to address the issues.

In the VRS database, 20 different disability codes are used to categorize the clients in the population. For sampling purposes, disability codes were combined to create six disability groups, as follows:

- | | |
|--------------------|--|
| ⇒ Sensory: | <ul style="list-style-type: none">▪ Visual▪ Hearing |
| ⇒ Cognitive: | <ul style="list-style-type: none">▪ mental retardation▪ learning disability |
| ⇒ Psychiatric: | <ul style="list-style-type: none">▪ mental disorders |
| ⇒ Nervous System: | <ul style="list-style-type: none">▪ nervous system |
| ⇒ Physical: | <ul style="list-style-type: none">▪ Musculo-skeletal▪ Paraplegia▪ Quadriplegia |
| ⇒ Chronic Illness: | <ul style="list-style-type: none">▪ blood▪ circulatory▪ digestive▪ genitourinary▪ immunity▪ infections▪ injury and poisoning▪ neoplasms▪ respiratory▪ skin▪ symptoms |

A total of 2349 files were closed in 1997. Of these, 79 did not have a disability code, 184 had been rejected as not eligible for VRS services, and 323 had no money committed, indicating they had received no services after the file was opened. This leaves 1763 clients. Out of these, 951 meet the criteria for this evaluation, in that their file was closed in the last half of the year. Table A-1 provides a breakdown of this population by region and disability group. The percentage of clients in each region and each disability group is provided in Table A-2.

Table A-1

Number of Clients whose Files were Closed in Last Six Months of 1997

Regions	Disability Group						Totals
	Sensory	Cognitive	Psychiatric	Nervous System	Physical	Chronic Illness	
Fraser Valley	31	24	38	27	59	50	229
Interior	13	11	10	14	26	28	102
Lower Mainland	43	26	56	15	48	38	226
North	25	28	11	17	56	26	163
Vancouver Island	28	23	33	20	85	42	231
Totals	140	112	148	93	274	184	951

Table A-2

Population Percentages (cell n/951)

Regions	Disability Group						Totals
	Sensory	Cognitive	Psychiatric	Nervous System	Physical	Chronic Illness	
Fraser Valley	3.3%	2.5%	4.0%	2.9%	6.2%	5.3%	24.1%
Interior	1.4%	1.2%	1.1%	1.5%	2.7%	2.9%	10.7%
Lower Mainland	4.5%	2.7%	5.9%	1.6%	5.0%	4.0%	23.8%
North	2.6%	2.9%	1.2%	1.8%	5.9%	2.7%	17.1%
Vancouver Island	2.9%	2.4%	3.5%	2.1%	8.9%	4.4%	24.3%
Totals	14.7%	11.8%	15.6%	9.8%	28.8%	19.3%	951

Description of Client Sample

Clients were selected for the sample based on the region and disability group of the client, so that an equal number of clients were selected for each cell. This method ensured that all disability groups and all regions were adequately represented in the sample. The number of clients selected in each cell is provided in Table A-3.

Table A-3
Number of Clients selected for the Sample in each Region and Disability Group

Regions	Disability Group						Totals
	Sensory	Cognitive	Psychiatric	Nervous System	Physical	Chronic Illness	
Fraser Valley	10	10	10	10	10	10	60
Interior	10	10	10	10	10	10	60
Lower Mainland	10	10	10	10	10	10	60
North	10	10	10	10	10	10	60
Vancouver Island	10	10	10	10	10	10	60
Totals	50	50	50	50	50	50	300

Of the 300 former clients in the sample, 150 were interviewed, although 13 only answered a few questions after refusing to do the complete interview. The reasons why the remaining 150 could not be interviewed are as follows:

- 6 refused;
- 3 were deceased;
- 67 could not be located, either because there was no telephone listing for the person, or there were many listings with the same name;
- 16 could not arrange time for interview within 6 attempts (no answer, person never home when called, interviewer asked to call back), although the telephone number was correct; and
- 58 could not be contacted after a number of attempts, but could not determine whether telephone number was correct.

A breakdown of the number of clients in the respondent sample by region and disability group is shown in Table A-4.

Table A-4
Number of Clients in Respondent Sample in each Region and Disability Group

Regions	Disability Group						Totals
	Sensory	Cognitive	Psychiatric	Nervous System	Physical	Chronic Illness	
Fraser Valley	5	4	6	5	5	5	30
Interior	6	8	6	5	5	5	40
Lower Mainland	4	8	5	7	4	5	33
North	1	2	4	5	2	3	17
Vancouver Island	6	4	3	7	6	4	30
Totals	22	26	24	32	24	22	150

Information about the services clients had received, and whether or not they had completed their plan was compared for the sample of 300 and the respondent sample of 150. The

comparisons revealed that the respondent sample was similar to the complete sample of 300 in the following ways:

- the number of services clients had received;
- the percentage of clients in each region who completed their vocational plan;
- the percentage of clients in each disability group who completed, with the exception of clients with cognitive disabilities (44% completed in the complete sample and 58% completed in the respondent sample) and physical disabilities (44% completed in the complete sample and 54% completed in the respondent sample);
- the percentage of clients in each region who received assessment and planning services and completed their vocational plan;
- the percentage of clients in each disability group who received assessment and planning services and completed their vocational plan;

Background information collected on the respondent sample is summarized below.

Respondents did not always provide the information requested. For some questions, such as the nature of the clients disability, the respondent could give more than one response.

Disability:

Visual impairment:	20
Hearing impairment:	11
Orthopaedic (muscular/skeletal) impairments:	44
Cancer, circulatory, immunological, metabolic, respiratory, diabetes, MS:	21
Brain injury, neurological impairments, including cerebral palsy, epilepsy:	34
Developmental delay, mental retardation:	5
Learning disability, attention deficit disorder:	33
Psychiatric conditions:	31

Functions affected by disability:

Walking:	49
Can't stand for long periods:	2
Use of arms:	28
Use of your hands:	30
Coordination:	2
Speech:	12
Eye sight:	31
Hearing:	15
Pain:	43
Fatigue:	58
Illness:	4
Memory/thinking/concentration:	61
Learning:	51
Interpersonal skills:	20
Coping with stress/anxiety/depression:	41
Mental illness:	3

Condition that causes the disability is:

Stable:	72
Fluctuates or comes and goes:	45
Deteriorates over time:	21

Disability was acquired:

At birth:	35
As a child or teenager:	45
As an adult:	57

Client has other serious problems affecting ability to complete training or work: Yes: 23
No: 109

Age: Under 18: 0
18 to 20: 6
21 to 24: 25
25 to 29: 20
30 to 39: 36
40 to 49: 30
50 and over: 21

Gender: Female: 71
Male: 66

Highest level of education attained prior to VRS: Some elementary: 3
Some high school: 34
High school diploma: 48
Vocational certification: 9
Some post-secondary training: 30
Post-secondary diploma: 6
University degree: 8
Post graduate degree: 0

Highest level of education since entering VRS: Some elementary: 1
Some high school: 26
High school diploma: 23
Vocational certification: 16
Some post-secondary training: 40
Post-secondary diploma: 22
University degree: 8
Post graduate degree: 0

Client had prior claim with: WCB: 9
ICBC: 2
Long-term disability insurance: 10

Client had job prior to applying to VRS: Yes: 112
No: 18

Client had job prior VRS and left job due to disability: Yes: 46
No: 66

Description of Employer Population and Sample Distributions

There were two employer populations of interest in this Evaluation, employers who are employing a VRS client at the time of data collection through either: the Public Services Training Program (PSTP); or the Disabled Persons Training Program (DPTP). There were 51 employers who met this criteria. A breakdown of the number of employers by region for the two programs is provided in Table A-5. The employer sample size was set at 10 for each program. The sampling schemes for selecting employers in each program is provided in Table A-6. Each scheme is based on proportional sampling, so that, for each program, each region is represented in the sample in the same proportions as it is represented in the population.

Table A-5
Descriptive Statistics on Employer Population

Region	PSTP	DPTP	Total
Vancouver Island	12	3	15
Lower Mainland	13	7	20
Fraser Valley	7	0	7
Interior	3	5	8
North	0	1	1
Total	35	16	51

Table A-6
Employer Sampling Frame for each Program

Region	PSTP	DPTP	Total
Vancouver Island	3	2	5
Lower Mainland	4	4	8
Fraser Valley	2	0	2
Interior	1	3	4
North	0	1	1
Total	10	10	20

Appendix B. Suggestions of Respondents

This appendix contains the suggestions offered by respondents in reply to specific questions. The suggestions are presented under the following headings:

- Potential partners suggested by respondents
- Suggestions on improving Program management
- Suggestions for improving information management
- Clients reasons for needing adaptive technology
- Clients' reasons why modifications were needed
- Clients' reasons why accommodations were needed
- Clients' views on what financial aid made possible
- Clients' suggestions on how to improve VRS

Potential Partners Suggested by Respondents

All respondent groups, except employers, were asked whether there were agencies or service providers that could be working in partnerships with VRS. Responses to this question included general suggestions and names of specific organizations. These responses follow.

Suggestions from headquarters staff were:

- perhaps in industry and unions
- HRDC
- agencies with expertise with specific disabilities could provide professional development to staff
- need better overall coordination of disability programming: VRS, WCB, ICBC, CPP; with protocol agreements so clients do not get bounced from agency to agency
- involve advocacy agencies to have input in what services are provided
- partners should be developed based on client needs, not program needs

Suggestions from field management were:

- partnerships already in place
- learning to work more closely with HRDC Opportunity Fund
- contractors for Youth Works
- potential employers should be involved in planning and policy development
- public service should be a model for employers
- Aboriginal organizations: e.g., Indian Friendship Centres, Metis Association, Aboriginal Management Boards
- British Columbia Benefits programs
- HRDC funded agencies

Suggestions from VRS Consultants were:

- the Valley Project
- HMI Computer Group
- CNIB
- Shelly Somerville

Community-based service providers made the following suggestions:

- Nanaimo Youth Services
- occupational therapists
- Camosum College
- Technics Employment Service
- Unique Group
- Neil Squire foundation
- Shaw Cable
- Mental Health Services
- Windows for Women
- Western Occupation Resources
- Shelly Summerville
- HMI Computer Group
- Colleges
- Skills Centres
- School Boards
- Camber of Commerce
- Volunteer Vancouver
- VocTec
- Barry Milner
- Mert Turner Associates

Advocates offered the following suggestions:

- Ministry of Health branches
- British Columbia Head Injury Society
- British Columbia Rehab and Recovery, New Westminster
- Waldee Services, Coquitlam
- Western Occupational Resources Consultants, Vancouver

Suggestions from partners were:

- colleges
- school system
- school psychologists
- employment agencies
- mental health agencies

Former clients made the following suggestions:

- Ability Personnel (for people over 40 looking for work)
- Academy of Learning
- Adam Lake Indian Band
- Adult Services/SET-BC
- an agency for women something like Quest in Langley
- any social organizations, e.g. ACE, for people with mental illnesses
- Arbutus Vocation in Vancouver
- AWARE, a job club
- BC Coalition of Disabled People
- BC Head Injuries Association
- BC Paraplegic
- Canada Pension Plan
- Capital Families projects
- Career and Technology Centre
- Carnegie Centre
- CCRW
- churches
- CNIB or equivalent organizations with other disabilities
- community centres
- Community Development Resources Corporation
- Community Futures
- community social services
- Delta Rehab Services
- Downtown Eastside Residents' Association.
- Downtown Vancouver Eastside Residents' Association
- financial aid offices of colleges and training institutions
- Gastown Vocational Services
- GF Strong Rehabilitation Centre
- Gleneden and Fraser Academy...places with specialized training programs and facilities
- high schools
- home support people who come into people's homes to see how they are doing.
- HRDC/ EI Centre
- I AM Care
- ICBC
- Inner City Youth
- John Howard Society
- Laurel Enterprises
- Lion's Club International...for visually impaired
- local big employers (e.g. Cominco) may groom certain people for disabilities for certain jobs
- Mental Health Services
- mental health teams
- Ministry of Human Resources
- Needle Exchange Centre
- Neighbourhood House

- Neil Squire Foundation
- Neurological Institute
- North Shore Employment Agency
- Odyssey Business Training in Kamloops
- Office for Disability Issues (ODI)
- ORW: Occupational Rehab through Work
- recreation centres could provide information to those who need it
- R. McNeil Training and Counselling Services
- rehabilitation clinic operated by disabled (similar to Scandinavian countries), perhaps in partnership with municipalities or provincial health agencies
- S. J. Willis Continuing Education
- schools or colleges
- Skeena Community Counselling
- Skills Centre
- Steps to Employment (federal EI referral)
- Surrey Rehab Services
- Techniques Employment Agency (specializes with people with disabilities)
- Vancouver Downtown Eastside Women's Centre
- Volunteer Bureau
- Western Society for Adults with Birth Disorders in New Westminster
- Whiterock Women's Place
- Work Link

Suggestions on Improving Program Management

VRS Consultants provided the following suggestions on how the organizational structure and headquarters support could be improved:

- less supervision; best to report directly to headquarters
- supervision by someone with understanding of voc rehab, either by re-training current supervisors, or by changing reporting structure
- better to supervision by headquarters
- more local staff
- need different reporting structure
- should not report to skills coordinators
- need more direct communication among VRS Consultants
- VRS coordinator in each region, with VRS experience, would report to Field Service Branch, but with improved linkages to Program Operations Branch
- need regional management that is more involved in VRS; should not report to headquarters
- enhance lines of communication with Victoria through more direct communication
- need VRS supervisors or change qualifications of supervisors so they have knowledge of VRS
- program monitoring, budgeting, hiring, training and policy interpretation should be responsibility of Programs Operations Branch; local managers should deal with personnel management only
- continue with standards development

- spend time working in the field periodically
- resolve conflicts between field management and Program Operations Branch
- should be more directly accountable for what happens in the field
- should be more specific about what can and cannot be done
- resolve management structure issues
- they are making an effort and things are improving
- too many people in management both in the field and in Victoria; need more staff dealing directly with clients
- keep up with monthly teleconferences
- need more opportunities for VRS Consultants to meet; hold more regional and provincial meetings
- measurable standards needed
- need better case load measurement; numbers do not take contract monitoring
- need stronger communication with headquarters and more headquarters management in field; VRS Consultants need to be kept better informed
- need fewer people involved in VRS contracts
- headquarters need to advocate for professional development for VRS Consultants; provide central source of information on training opportunities
- supervisors should be those making policy and understanding VRS
- need VRS Consultant who can spend part time supporting other VRS Consultants in the field

Field management's suggestions on how the organizational structure could be improved, or how headquarters support could be improved, follow:

- establish responsibility for deliver with either POB or field management
- VRS should be more integrated into Skills Development programs
- need training for field management in VRS, but no time for this
- maintain headquarters supportive role, rather than directive
- need part-time coordinator of VRS Consultants in region
- POB should stick to its policy role and stay out of delivery
- POB needs to keep field management informed
- continue to devolve decision making and budgets to local levels
- more involvement of field in policy development
- better communication and structured process for planning, etc
- clearer mandate and services to provide and who to serve; but don't get involved in how to deliver services
- stop having VRS Consultants report to POB; delivery should be under one branch, not two
- greater communication between area management and headquarters or headquarters should take over, but do need on site supervision to ensure proper interpretation
- visit regions more frequently
- more communication with people in the field; monthly teleconference helpful
- more training re service provision, contracting
- have trained person in headquarters to provide relief for vacations, etc
- have headquarters consultant attached to region to develop understanding and trust

Suggestions for Improving Information Management

Suggestions of VRS Consultants on Changes to Procedures and Systems

Suggestion	# Resp.
Changes to Database Reports:	
add phone number to monthly activity sheet of all open clients	1
reports on demographics of clients	1
capacity to request reports and make queries at local level	1
sort by activity, by date of service	1
make reports easier to read	2
ability to get reports on income sources, cost per service, how long service takes	1
user friendly analysis capability, both locally and provincially; e.g. results for assessment by disability code	1
reports that would be useful for budget monitoring and forecasting; e.g. cost by type of assessment	1
Changes to Procedures:	
VRS Consultants able to access database for input and changing entries	3
maintain running records in database	6
type all running records	1
running records on local data base with link to main database	1
standards for running records; how set up, where name appears, information contained, etc; to provide better information when files transferred	4
standards for hard file (what information is collected and where kept)	2
make computer data base user friendly	1
new VRS database	1
reduce time to produce a cheque, remove monthly cut-off; make process similar to that for bc Benefits	1
formal procedures for case transfer; reason for transfer	1
use computer more as a tool to streamline procedures	1
less use of paper, don't keep everything in hard file	2
ask client for ID	1
if all relevant information was in electronic file, would be easier for VRS Consultants on road; save time	1
better financial monitoring function	1
access to gain system so can get information to locate client; addresses become out of date because of long wait list	1

Suggestions of VRS Consultants on Changes to Procedures and Systems (Continued)

<u>Suggestion</u>	<u># Resp.</u>
Changes to Information Collected:	
better disability groupings	9
occupational codes out of date; need more relevant coding, e.g. National Occupation Codes	4
eliminate employment codes	3
need code to capture when client has no prior employment	1
better activity codes; e.g. no code for job placement so use follow-up code; also need to allow for multiple codes	1
historic information on program activity	4
update closure codes	1
cost of each activity	3
time taken in each activity	1
type of training	1
add outcome information (if employed, if employment is in field where trained; how long employed)	3
adaptive aids or restorative services provided	1
client opinion on service	1
collect valid information on what is necessary	1
information that assessment exist (including prior to VRS)	1
do not need to duplicate financial information in file	1
add important information that is only in paper files: why not eligible, employment goal	1
better information on why file is closed	1
should require transcripts from schools when VRS is paying for training	1
have assessment reports in electronic format as an attachment to file	1
scan reports into file and shred originals	1
Changes to Forms:	
put forms into alternative format for people with disabilities, e.g. on diskette, large print, Braille	2
intake question sheet with relevant questions to ask applicant	
all forms (application, medical release, authorization to invoice, etc) on computer so can be entered by consultant; save admin time	4
have system generate case closure form listing all services received and dates	1
career plan does not work for everyone; can not have one form fits all	1
new closer form that reflects goals of program; track what was done and result	1
authorization to invoice in electronic form which automatically updates financial information in database	1
re-design intake form to make it easier	1

Administrative personnel had the following concerns about the database and procedures:

- the system is not year 2000 compliant;
- the system is not user friendly;
- the database does not hold history of client activity, just the last activity;
- the database can only handle 4 regional codes;

- should have a central screen for running records, for access by administrative staff and VRS Consultants;
- should have an alert system for client behaviour issues that may have safety implications for staff;
- even when monthly payments have been set up, still need to release the cheque to the client each month;
- it would be faster if payment information went directly into the SRB system; should be able to batch once a day, instead of once a week;
- CCDO codes should be eliminated as they are not used, or a short list developed;
- Need a better set of disability codes;
- Should be able to run standard reports from their office as well as custom reports;
- Improve the follow-up system;
- Financial reports need to be more up-to-date;
- Forms should be in electronic form;
- Should give authority to field to make payments;

The following is a summary of the suggestions that were offered by VRS Consultants on monitoring community-based contracts:

- develop standard procedures for monitoring;
- need a way to evaluate quality of service and give meaningful feedback so they can improve; and be more accountable with public money spent on agencies;
- don't have time to do the monitoring that is required;
- need a boiler plate for RFP and contract;
- need more meaningful outcomes; e.g. what is an outcome for agencies that do assessment;
- electronic database for collecting and collating the information;
- data base that is coordinated with financial database;
- forms need to fit the services that agency is contracted to provide;
- need a form that is geared for VRS for contract monitoring;

The few suggestions offered by VRS Consultants for monitoring training agreements through the TPDP or the PSTP were:

- need more time to monitor;
- need standard procedure for monitoring;
- new application forms;
- database for recording information on outcomes and reasons;
- central database to identify who has trained clients in the past;
- use training log or record as used in another training program;
- results of training (views on training, is client still working);
- require monitoring as mandatory before system releases funds for employer;

Suggestions made by headquarters staff about information to monitor community-based contracts were:

- Number of clients served (1 respondent);
- Type and frequency of services provided (3 respondents);

- Type of disability served (2 respondents);
- Ability to aggregate data by region (1 respondent);
- Funding sources other than VRS (e.g. HRDC) (2 respondents);
- Cost of service provided (1 respondent);
- Other agencies serving VRS clients, not funded by VRS (1 respondent);
- Amount of VRS contract (1 respondent);
- Client targets (1 respondent);
- Services contracted by VRS and other services provided by agency (1 respondent);
- Staff qualifications (1 respondent);
- Purpose of agency (1 respondent);
- Provisions made by agency for:
 - client record keeping and reporting (1 respondent);
 - referral to other agencies (1 respondent);
 - client safety and human rights (1 respondent);
 - client satisfaction and follow-up (1 respondent);
- Agencies views on:
 - what they want from VRS (1 respondent);
 - contracting process, contract management, direction provided by VRS (1 respondent);

Headquarters staff made the following suggestions for monitoring the TPDP and the PSTP training programs

- Industry sector for private sector (1 respondent);
- Ministry for public sector (2 respondents);
- Number of employer by type (3 respondents);
- Employers views on meeting their needs (1 respondent);
- Is employee/trainee job ready at completion of training (2 respondents);
- Accommodations provided and how funded (2 respondents);
- Nature of job being trained for (2 respondents);
- Client progress with training (1 respondent);

Field management suggestions on information for monitoring community-based contracts were:

- information to determine efficiency (1 respondent);
- outcomes (3 respondents);
- attendance (1 respondent);
- reasons for failure to complete (1 respondent);
- number of clients served (2 respondents);
- financial information on how money spent; budget vs. actual (2 respondents);
- process with each client (1 respondent);
- cost per participant (1 respondent);
- profile of services provided (4 respondents);
- cost-benefit graph rating agencies on monthly basis (1 respondent);
- funds that won't be expended reported monthly (1 respondent);
- reasons for any problems in serving clients (2 respondents);
- roll-up of client data (1 respondent);

- just what is in RFP process (1 respondent);

Field management suggestions on monitoring training agreements through the TPDP or the PSTP were:

- type of placements (sector, occupational classification) (4 respondents);
- funding spent (3 respondents);
- length of placement (4 respondents);
- length of employment after (7 respondents);
- attendance (1 respondent);
- reasons for failure to complete (2 respondents);
- training plan (1 respondent);
- feedback from employer on client's job readiness (5 respondents);
- attitude of employer re accommodating to disability (1 respondent);

Clients Reasons for Needing Adaptive Technology

Clients who felt they needed adaptive technology were asked why they needed adaptive technology from VRS. Their responses to this question are presented below, separately for each disability group.

Sensory Disability:

- anything written on paper is often lost, computers are essential for blind client to express himself
- computer technology for dictating...client is legally blind
- computer-assistance programs
- computers might have helped him, but his language skills were also very weak
- constant upgrading of hearing aid technology, as well as computer, telephone integration for adaptation to work/training needs
- FM Audio system for hearing teacher in class; a printer and computer for note taking during class
- for communication with deaf persons in the English language using computers; TTY adjustments for phone system
- hearing aids
- hearing aids
- needed a large print program for the computer, as well as CCTV for reading
- needed close circuit TV and monitor ...made it possible to access seeing print she would otherwise not be able to see
- would give client supervision to discovering his physical limitations

Psychiatric Disability:

- computer software might help with learning disability
- might assist client with her learning disability in Math and Reading
- might help with his reading skills

- needed to get up to speed with computers that help guide client through mental processes
- to help cope with environment to make him more comfortable thereby reducing stressors to compulsive-obsessive disorder; computers would help to create order to his environment

Physical Disability:

- Because of back pain and financial status
- computer, ergonomic chair, and desk to alleviate back and neck distress; walking shoes
- computers help her due to restriction in use of hands and arms
- could not write much due to arm pain...needed computer to write
- dyslexic and needed spell check for papers at institution
- ergonomic chair for back comfort to eliminate fatigue and pain
- for anything requiring reading or writing
- Had problems after spinal fusion and needed support walking
- hearing aids and ergonomic chair for ankle condition
- help client further his education...make transition back into education more easy
- lap top computer would have helped client with her muscular difficulties
- thinks it might have helped but had a lot of surgery
- Wanted to get out of the house and into the community
- would allow client to handle fulltime work
- would allow self-paced instruction
- would need adaptive computer technology where client does not have raise arms at all

Chronic Illness Disability:

- computer allows client to type...spastic left hand does not work well her to use typewriters
- could have used a computer for training
- customized seating...could not use computers without specialized chair and mouse (e.g., Orbis)
- For own benefit and to find out what she could do
- voice-activated computers because client can only use hands for very brief periods of time; new bio-mechanical hands

Nervous System Disability:

- adaptive computer keyboard and track ball...as well as ergonomic adjustments to office
- area of training...office administration...would have been greatly assisted by having access to computer technology at home
- computer reduces stress to communicating...i.e., writing
- computer so that he could work in appropriate environment for his cystic fibrosis
- Computer to enlarge print
- did not think of going to college until she got the scooter and the help
- ergonomics to alleviate stress to skeletal/muscular impairment

- Everything is computerized and needed to have access to them
- for getting around campus...e.g. scooter; voice activated computer and software
- getting to and from classes, and taking notes and help speed up long writing tasks
- help client process information
- helping client adjust to lighting conditions
- mobility and other issues related to non-use of arms and legs...some of it is no longer useful to client with deteriorating MS
- mobility issues
- need larger computer screen, need larger computer mouse, and special placement of mouse
- not sure how...may depend on what kind of work he ends up doing
- Trouble with fine motor skills
- would have been very helpful to client at the time for communication

Cognitive Disability:

- client has severe dyslexia and a computer/program would help type in client's voice without the difficulty of translating his dyslexia
- computer software for mostly writing and spelling
- computer would have been helpful for learning
- computers might help client with language skills and motivation
- for helping client with listening in classes...has used taperecorder in past and re-listen to lectures multiple times, but is not sure if there might be a better way
- if client could talk to a computer that could write a letter for him...that would be swell...that would help overcome learning disability
- might help client work with information a little quicker
- the computer helped to do all kinds of written which would have been extremely difficult with her dyslexia
- tutor would have allowed her to finish the courses she wanted

Clients' Reasons why Modifications were Needed

Clients who felt they needed modifications to the work place were asked why modifications were needed. Their responses to this question are presented below, separately for each disability group.

Cognitive Disability:

- client needed a special chair due to back disabilities and a rubber mat to stand on

Nervous System Disability:

- anyplace where there are stairs, ramps, railings might be needed
- client is in wheelchair
- difficulty with balance and tripping, cannot carry a computer monitor, some way to carry and move valuable equipment around
- employer does not know about disease, she manages her own modification

- for mobility issues re: wheelchair
- Have to have wheelchair access
- hearing aide compatible phones
- lifting himself out of seats and getting down stairs
- mobility issues, wheelchair, scooter
- ramps, elevators, escalator, etc.
- sometimes in wheelchair for balance & safety, have to have access to washrooms and get in and out, will only work on ground floor, concerns about being trapped in elevator in emergencies
- strong lighting can trigger epileptic seizures
- to accommodate her scooter
- uses wheelchair, and may need other modifications to do his work
- Wheelchair modifications.
- wheelchair/mobility issues

Chronic Illness Disability:

- ergonomic chair
- perfume and scent and chemical free environment to avoid asthma attacks
- was in wheelchair and had difficulty with stairs and computers

Physical Disability:

- any situation where client may have to raise his arms to perform job tasks
- client has scooter
- client's knees are deteriorating and needs knee braces, and eventually will likely need canes or crutches, mobility issues on stairs and hallways being wide enough
- mobility issues re: wheelchair; visual adaptive devices for getting around easily in the building (e.g., Braille, flagging things for visual impairment)
- Obus Form chair
- so client can get around in wheelchair
- To accommodate physical limitations. Primarily back injury related
- wheelchair access (in particular washroom access); heavy doors are a barrier due low arm strength, workplace counter, filing systems and machinery must be lowered for client access

Psychiatric Disability:

- cooler working environment, heat really affects his legs and brings MS out of remission
- needs peaceful and quiet workplace to manage schizophrenia
- needs to be able to control his environment enough to create a great deal of order and avoid overloading with sensory input

Sensory Disability:

- accessing different floors in multi-level building (e.g., elevators, etc.)
- brighter lighting may be needed for blindness

- close to computer screen, protection from emissions
- over an extended time, it allowed client survive in a fast paced work environment
- visual changes to fire alarm systems, deaf person would not hear an audible alarm system

Clients' Reasons why Accommodations were Needed

Clients who felt they needed accommodations in how they do their job were asked why accommodations were needed. Their responses to this question are presented below, separately for each disability group.

Cognitive Disability:

- client needed shorter work hours due to fatigue from back disability as well as longer time to retain information
- Couldn't do math
- due to client's dyslexia he needs more time to complete work
- fatigue requires modified work hours
- flexible work hours for depression episode
- most places of employment aren't willing to adapt. Accommodations to specific difficulties to allow employment to continue without asking him to do something he can't do
- need more time to learn things and tasks

Nervous System Disability:

- being able to take work home so that he can manage his back ailments
- big help during winter time if it is cold need some adjustments
- cannot sit still for long periods of time, movement prevents fatigue
- due to learning disability client needs more time to comprehend information
- Gave more time to complete tasks
- if client had to carry a large load of something, she would require something with wheels that she could push or pull instead
- might have to adjust the hours because client gets tired easily
- modified hours for adjustment to double lung transplant, up a lot at night
- modified hours re: fatigue factor; location important to access washrooms, and work sites
- modified work hours for fatigue factor; changes in physical requirements in job due to MS; seasonal considerations, high causes more fatigue
- movement of equipment within the building could be an issue, location of tasks
- need extra time in order to do things properly, and don't like having a lot of people around when he is learning things
- need modified work hours for fatigue and pain factor; also changes to due with physical limitations, lifting, moving, standing, etc.
- need to be close to a washroom
- pain and fatigue issues require flexible work hours; level footing is important for balance issues

- Require wheelchair and bathroom access
- With her disability she needs greater flexibility in terms of her hours

Chronic Illness Disability:

- certain days the client must check in at the hospital, as well as certain days when the client is not able to work due to disability
- fatigue caused by diabetes might require modified work hours
- fatigue she needs 10 hours sleep. Shifts not always flexible
- high stress - is going on stress leave due to work load
- job would have to be changed to require minimal use of hands for short periods of time, otherwise she starts bleeding
- modified hours are necessary to accommodate the fatigue factor to her disabilities
- modified work hours to deal with fatigue factor to disability
- reduced work hours
- reduction in study or work hours; information given to client needs to be in writing
- Require transportation; require special phone for her hearing problem; reduce hours per week

Physical Disability:

- Back pain requires him to sit down every once in a while
- because he cannot stand for long periods
- because of fatigue factor
- cannot work at repetitive tasks for long periods of time without experiencing fatigue and possibly back pain, cannot do heavy lifting
- client may not be able to work long hours
- client must work during daytime because back can get very sore outside of daytime hours, when client must lay down, has harreting (sp.?) rods around spinal cord to allow him to sit up
- Limited ability - simply the work tasks
- modified work hours; changes in the way job might be done to accommodate visual impairment and wheelchair
- work schedule must revolve around handybus schedule

Psychiatric Disability:

- adjusting work hours to manage depression cycles, e.g., appointments with therapists
- can only handle 6 hours a day or 24 hours a day, if more his OCD flares up
- cannot work shift work at all, and needs modified work hours to manage his schizophrenia; requires a lot of patient in explaining things and tasks, difficulty concentrating and staying on task due to either schizophrenia or the medication used
- client can not do heavy manual work, too exhausting
- client has young child, so cannot work shift work, which is one of the rigours of type of work being pursued currently. Schizophrenia also causes sleep disturbances
- Client needs explicit instructions for all tasks on any job, nothing can be assumed
- client needs flexible hours to fit the rest of his life
- Fatigue is a factor with her illness

- flexible of hours are required to help cope with stress for people with schizophrenia, to continue to monitor situation
- might need assistance with math tasks
- prefers working with modified work hours
- regular hours to avoid getting over-tired and de-stabilizing mental health medication
- Require more supervision that was receiving previously
- shift work would be too hard on client's biorhythms
- to accommodate his condition

Sensory Disability:

- because of muscular deterioration, fatigue factor for anything over four hours of work
- client needed hours changed to accommodate public transportation schedule
- client would not be able to work after dark, need time to get home in the daylight
- would take the client awhile to catch on to a job

Clients' Views on What Financial Aid Made Possible

Those who rated the financial aid VRS had provided them as adequate or better were asked: "What did the aid allow you to do that you couldn't have done without it?" Their responses follow:

- academic upgrading
- allow her to finish a portion of her degree courses
- allow him to take office technology training through Sprott Shaw
- allowed access to the program
- allowed client to do academic upgrading
- allowed client to do FAW training program, partially through correspondence requiring equipment support in the home, e.g., computer and VCR
- allowed client to get to training at Neil Squire
- allowed her to attend a job training program
- allowed her to complete her high school upgrading and social work diploma through college
- allowed him to go to school and learning something
- attended a training course out of town
- completed a short six week computer course
- completed a word processing program
- completed four purchasing management courses
- could not have afforded college training or wheelchair for mobility
- did not have worry about finances...could concentrate on training instead of working to support training
- did not receive service
- do computer technology training
- financial aid helped client pay for tuition/books and for living expenses during this time. Without this aid client would have been unemployed and looking for employment
- financial aid paid for client's tuition and books

- first aid, application to college
- funds allowed client to go to school at that time
- GED upgrading
- GED upgrading
- get to school, buy books, car insurance, transportation
- go back for training
- go back to school and re-train opposed to going on welfare.
- go to school
- go to school
- it allowed client to complete a social worker diploma.
- more for transportation and living costs
- music training program: commercial music certificate (2 years post-secondary)
- not sure how to answer questions
- paid for the course
- paid for tuition and text books
- paid for tuition and textbooks and transportation
- take the courses...couldn't afford them otherwise
- to go to school and continue training
- took a couple of basic computer courses, then software programs
- training allowance allowed client to buy necessary accessories (e.g., computer disks) as well as lunch money, and extra costs beyond those allotted for texts and supplies

Clients' Suggestions on How to Improve VRS

All respondents were asked for suggestions on how to change the VRS Program so it would have better met their needs. Their suggestions have been coded into the following themes:

- Access and awareness
- VRS Consultants
- Process
- Services
- Funding
- Program coordination

Responses were also coded into sub-themes within each category. The specific sub-themes and the number of respondents who gave a response that fit the theme, are provided in the following table. Note that respondents could give more than one suggestion.

Clients' Suggestions on How to Improve VRS

Suggestion	# Resp.
Access & Awareness	
increase awareness of VRS; promote services	6
increase access for youth	1
have VRS offices in community so client does not have to travel	2
provide success stories to motivate clients	1
make clients aware of all service, describe services in cohesive manner	6
provide printed material about VRS services	2
give information about adaptive technology support available	1
describe criteria clearly	2
need clearer goals and mandate	2
greater accountability	1
VRS Consultants	
VRS Consultants should want to sincerely help clients and identify and address their needs	2
should have more knowledge of disabilities, e.g. LD, ADD	2
hire people with disabilities who will understand client needs	2
be clearer in communication with client	3
better follow through	1
more sensitive to client needs	1
more staff	1
spend time with client	1
improve access to VRS Consultants my phone and through better office hours	1
Process	
reduce paperwork	1
speed up process	2
provide assistance regardless of pending WCB claims, etc; could be reimbursed later	1
too much use of referrals and less direct service	1
listen to clients	1
more stability within the program over time	1
client should be able to do program from home	1
Services	
provide interpreter services	2
better assessment to meet client needs	5
provide more than one opportunity to discuss assessment report; lot of information to digest	1
more access to career information (LMI)	3
career counselling/advice	1
give a chance for work experience before setting career goal	1
help with studying, learning	1
more access to on the job training	2
counselling for people in crisis	1
more awareness of employers needs	1
more effective job search support	1
closer follow-up	6
loan adaptive equipment for employment for 2 years, not one	1
Program coordination	
coordination with other Ministries to reduce fragmentation	1
coordination with Mental Health to understand client needs	1
authority to deal with social services and other branches to address clients other needs	2
Other suggestions	5

Clients' Suggestions on How to Improve VRS (Continued)

Suggestion	# Resp.
Funding	
funding for living expenses	1
funding for transportation	1
provide more funding	3
provide more funding for training	3
more funding for adaptive technology	1
provide clothing for work	1
should not need to apply for tuition each year	1
be more informed about available funding	1



Appendix C. Detailed Recommendations on the VRS Database

The new database should be designed with the intent that VRS Consultants will be major users of the system. VRS Consultants should be able to input data and change entries in the database. The database will need to meet their needs for case management, as well as meet needs for overall program management and accountability at the regional and provincial level.

Clients receiving services through community-based agencies should also be included in the VRS database. This information is necessary for basic program accountability, as well as to avoid service duplication where clients receive the same service from different agencies, all funded by VRS.

The points outlined below are intended to allow for capacity building. That is, the raw elements of what is needed in the system are described here. In addition, some of what the system should ultimately be able to do is described here. The new database should be flexible and easily modifiable so that its reporting capacity can grow as the needs for reporting are better understood by potential users.

Database Elements for New VRS System

There are seven types of elements for the VRS database that are described in the following sections:

- 1.0 Client Identification Information
- 2.0 Client Descriptive Information
- 3.0 Case Management Information
- 4.0 VRS Goals
- 5.0 VRS Services
- 6.0 Running Records
- 7.0 Outcome Information

1.0 Client Identification Information:

- 1.1 Client surname:
 - mandatory
- 1.2 Client first name:
 - mandatory
- 1.3 Client SIN:
 - mandatory
 - should automatically search provincial database to ensure no match in case client has received service in the past, or elsewhere in the province
- 1.4 Permanent mailing address:
 - with street address, city and postal code;
 - all mandatory
- 1.5 Permanent telephone number
 - mandatory
- 1.6 Alternative telephone number
 - to improve ability to follow-up client; number of relative or friend
 - optional
- 1.7 Temporary address
 - address while in training
 - optional
- 1.8 VRS client identification number:
 - system generated;
 - mandatory
- 1.9 VRS area:
 - mandatory
 - automatically determined based on address
- 1.10 VRS region:
 - mandatory
 - automatically generated based on VRS area

2.0 Client Descriptive Information:

- 2.1 Birth date
 - valid date
 - mandatory
- 2.2 Sex
 - male or female
 - mandatory
- 2.3 Disability code
 - broad categories, not specific disabilities, e.g.:
 - visual
 - hearing
 - orthopedic (muscular/skeletal)
 - chronic disease (cancer, circulatory, immunological, metabolic, respiratory)
 - neurological (head injury, cerebral palsy)
 - cognitive delay
 - learning disability
 - psychiatric
 - multiple (more than one of the above)
 - mandatory
 - only one code per person
 - for program monitoring
- 2.4 Disability status
 - nature of disability over time, coded as either:
 - stable
 - deteriorating over time
 - fluctuating (up and down over time)
 - mandatory
- 2.5 Disability description
 - textual description of disabling conditions
 - for case management
- 2.6 Previous education
 - highest level of education received before applying for VRS, coded as:
 - some high school
 - high school diploma
 - some post-secondary training (no diploma or certification)
 - vocational certification
 - post-secondary diploma (public or private)
 - university degree
 - post graduate degree
- 2.8 Previous employment status
 - Has client had employment prior to applying for VRS, coded as:
 - no prior employment
 - prior employment

3.0 Case Management Information:

- 3.1 Current case manager:
 - this may be a VRS consultant or a community-based agency
 - this is the most recent person who actually met with the client and is (or was) managing the case for VRS
 - mandatory
- 3.2 Previous Case manager:
 - previous case manager, used when case manager changes e.g. from VRS to agency, or when client moves to another area
 - system should automatically change Current Case Manager to Previous Case Manager when change is made to Current Case Manager, or VRS Area
- 3.3 Current management period
 - date current case manager began managing case
 - mandatory
 - set automatically when file created, and when current case manager changed
 - can be overwritten if necessary
- 3.4 Previous management period
 - begin and end date for previous case management
 - mandatory
 - set automatically when current case manager changes
- 3.5 Status
 - current status of client, coded as one of:
 - Intake; client in intake process and eligibility has not been established
 - Ineligible: not eligible for VRS service
 - Active: client receiving service either directly from VRS or through a funded agency (counted as part of case managers case load)
 - Inactive: client not currently receiving any VRS service but expected that client will receive VRS service in future (perhaps waiting for service, dealing with addiction or other personal problems)
 - Closed: when there is no expectation of further VRS service in foreseeable future

4.0 VRS Goals

4.1 VRS goal

- purpose of applying for VRS; codes as:
 - vocational crisis only
 - assessment /career counselling only
 - training / retraining (with other services as needed)
 - job placement only
 - adaptive technology only
 - financial aid only
- mandatory
- for case management and program monitoring

4.2 Education/training goal

- education /training goal while with VRS, coded as:
 - on-the-job training
 - high school equivalency or completion
 - some post-secondary training (no diploma or certification)
 - vocational certification
 - post-secondary diploma (public or private)
 - university degree
 - post graduate degree
- mandatory if VRS goal is training or retraining

4.3 Employment goal

- description of employment goal
- for case management
- not coded

5.0 VRS Services

Historical information on services received through VRS should be collected and maintained in the database. It should be possible to know all the services a client received, when each service was provided and how much was spent on each service for each client. It should be possible to produce reports for each client, reports on all client for a specific case manager, or a specific area or region. Global reports on the entire program should provide the number of clients who have received a service in a given period (e.g. last fiscal period, last 2 fiscal periods, last 6 months). Should also be able to report on the amount of money VRS has spent for each service in the specified time period. Reports should be able to provide details, such as amount spent on learning disability assessment, or amount provided for tuition. Analysis by disability code, region, and other variables in the database should be possible.

- 5.1 Vocational assessment
 - should capture the type of assessment received, such as psychological, learning disability, vocational, work capacity, work adjustment, etc.
 - since clients may receive more than one type of assessment, need to allow for up to 5 assessments per client
 - date and amount spent on each assessment should be collected, as well as who did the assessment
- 5.2 Career counselling
 - date, amount spent and who provided service
- 5.3 Career planning
 - date, amount spent and who provided service
- 5.4 Adaptive technology assessment
 - date, amount spent and who provided service
- 5.5 Adaptive technology loan
 - technology loaned from Adult Services and date
- 5.6 Adaptive technology purchase
 - technology purchased, date and amount spent
- 5.7 Financial aid for training
 - date, amount of aid and purpose (tuition, books, transportation, etc.)
 - this can be a recurring item, with new expenditures each term, so need cumulative total of expenditures
 - could be automatically linked to commitments so that information is not entered twice
- 5.8 Other financial aid
 - date, amount of aid and purpose
 - this can be a recurring item, with new expenditures each term, so need cumulative total of expenditures
 - could be automatically linked to commitments so that information is not entered twice
- 5.9 Public Services Training Program
 - start and end date
 - amount of VRS support
 - employer name and contact information
- 5.10 Disabled Persons Training Program
 - start and end date
 - amount of VRS support
 - employer name and contact information
- 5.11 Work placement
 - date, amount spent and who provided service

5.12 Follow-up

- follow-up may be provided by the case manager (the VRS Consultant or a contractor) or by an contractor doing only work placement
- who is providing follow-up and frequency should in entered
- results of follow-up should be included in running records (see 6.0)
- follow-up should continue for some period after services end to collect outcome information (see 7.0)

6.0 Running Records

The database must also be able to accommodate running records for each client. Records would be organized by date of entry and would document all client contact, and provide rationale for services provided and not provided, problems encountered and solutions.

7.0 Outcome Information

The following information should be entered before the file is closed:

7.1 VRS goal status

- indication of whether or not purpose for applying for VRS as stated in 4.1 was achieved; coded as:
 - VRS goal achieved
 - VRS goal not achieved
- mandatory

7.2 Training goal status

- indication of whether or not the client achieved the training goal, defined in 4.2; coded as:
 - training complete
 - training not complete
- mandatory, if training / retraining was VRS goal

7.3 Training outcome

- actual education /training completed while with VRS, coded as:
 - on-the-job training
 - high school equivalency or completion
 - some post-secondary training (no diploma or certification)
 - vocational certification
 - post-secondary diploma (public or private)
 - university degree
 - post graduate degree
- mandatory if VRS goal is training or retraining

7.4 Employment outcome

- indication of whether or not client found employment, coded as:
 - employed
 - not employed
- mandatory

7.5 Employment goal status

- indication, for employed clients, of whether client found employment related to employment goal, as stated in 4.3, coded as:
 - employed related to employment goal
 - employed, not related to employment goal
- mandatory

Database function and reporting requirements:

SIN: should be able to search by SIN to determine if client has received service in the past, or elsewhere in the province.

Could also make it possible to search by disability code and employment goal, to see if other clients have been successful, given the goal and disability, as information for case management.

VRS Consultants, regional management and headquarters staff should be able to generate reports simply, such as:

- financial tracking: amount of commitments made for a specific area, region or entire province, by nature of service, disability code, VRS consultant, region, etc.
- services: number of clients who have received a specific service, or each service, for a specific area, region or entire province, by disability code, VRS consultant, region, etc.
- outcomes: number of closed files employed, by disability code, VRS consultant, region, etc.
- outcomes: number of clients achieving VRS goal by disability code, VRS consultant, region, etc.
- outcomes: number of clients completing training by disability code, VRS consultant, region, etc.
- outcomes: number completing training by disability status, etc.
- training programs: reports for each program, listing employers, and contact information and client being trained; for evaluation purposes; reports for each program listing amount of VRS support, for accountability purposes and program management.